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# **The American Journal OF CLINICAL MEDICINE**

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## **VOLUME XIII, 1906**

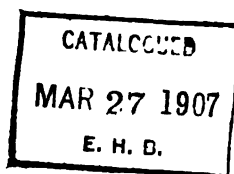
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# INDEX TO VOLUME XIII, 1906

	PAGE		PAGE
<b>A</b>		Acid States in Surgical and Other Traumat-	
Abbott, W. C.—The Diuretics Best Adapted		isms—Geo. F. Butler.....	52
for General Use.....	739	Acidity—Conrad E. Cook.....	407
" The Evolution of Drug Therapy and		" J. C. W.....	263
Some of the Elements of Uncertainty		Acne, A New Method of the Treatment of...	359
of Drug Therapy.....	439, 609	" Punctata .....	358
" Intestinal Autointoxication: What It		" Rosacea .....	358
Does and How to Control It.....	871	" Varioliformis .....	358
" Obstruction of the Ileocecal Orifice and		" Vulgaris, The Treatment of.....	356
Appendicitis Proper: Treatment..	1029	Aconite, The Danger of Crude, and Its Pre-	
" Old Age—Arteriosclerosis: How to		parations.....	153
Prevent It and How to Live With It	1506	" A Great Remedy.....	737
" Medical Evolution: The Need for a		Aconitine and Digitalis—A. A. G.....	1253
More Exact Therapy.....	1285	" Dosage for Young Children—J. S. D...	
" Solanine, a Useful Remedy in Epilepsy	1391	in Facial and General Neuralgia.....	799
" The Tonic Action of Digitalis with		" Local Use of Nuclein and—E. M. T....	1122
Special Reference to Its Most		" The Proper Use of—M. U. S.....	849
Desirable Active Principle, Digitalin	26	Aconitines .....	586
" Treatment of Colds and Coughs.....	513	Actinomycosis.....	490
" The Treatment of Pneumonia.....	306	Action of Saccharin.....	696
" What Autoinfection Will Do.....	833	Active-Principle Therapy—Smith.....	1033
Abdominal Bandage—Fletcher.....	1060	Actual Cautery in Leucorrhea.....	787
" and Pelvic Operation, Parotitis Fol-		Acute Abdominal Lesions, Surgery in—By	
lowing—By Clarence B. Selby .....	1198	Auguste Rhu.....	1542
" Lesions, Acute, Surgery in—By Au-		Acute Aortitis.....	654
guste Rhu.....	1542	" Autointoxication—Howard.....	695
" Pain—L. P. S.....	263	" Diffuse General Myelitis.....	1443
" Section, The Preliminary Preparaion		" Diseases of Children—Geo. H. Cand-	
and Post-Operative Treatment for		ler .....	600, 748, 887, 1038, 1166,
—Fletcher.....	1053	" Febrile Diseases, The Abortion of—John	1300
" Section, Enema After.....	202	M. Shaller .....	462
Abernathy, Y. L.—Alcohol is Hell.....	1518	Adenitis, Tubercular—E. R. B.....	988
" The Duty of the Medical Profession		Adler, Felix—"The Spiritual Attitude Toward	
Concerning Fanaticism, Frauds,		Old Age".....	835
Fools and Fads.....	41, 178	Adrenalin In Chronic Cystitis.....	938
Aborted Pneumonia—Capillary Bronchitis—		Adulterated Drugs.....	1389
A. T. Dobson.....	1462	Advertises, From A Doctor Who—G. C. M....	1241
Abortion of Acute Febrile Diseases—J. M.		Agnew's "Rectal Diseases"—By W. P. Agnew	1599
Shaller .....	462	Air-Refreshing Pastiles.....	938
" Evil, How Shall We Stop It?—C. L. S.	1567	Albuminuria, A case of Essential.....	1439
" Thyroid Gland in—Champlin, H. D....	452	" of Pregnancy—L. L. H.....	712
Abortive Treatment of Typhoid Fever—		" Prostatic Albuminuria A Cause of Error	
Howard .....	824	in the Diagnosis of the So-Called	
Abraham, P. S.—The Treatment of Psori-		"Orthostatic," "Physiologic" and	
asis .....	1331	"Cyclic" Albuminuria.....	1078
Abrams, Albert—"The Blues".....	704	" in Nephritis and Bright's Disease.....	364
" "Man and His Poisons".....	704	" and Sepsis, Nuclein in.....	1138
Abscess of Broad Ligament, Treatment of...	60	Alcohol, Alkoloids .....	289
" Chronic, Asthma, Autotoxemia.....	267	" and Cancer.....	1068
" Mammary—J. E. H.....	1255	" Is Hell—Y. L. Abernathy.....	1518
Absorption of Potassium Iodide Salve.....	1564	Alcoholism; Probable Uterine Fibroid; Amen-	
"Abuse of Marriage Relation"—By Dr. E.		orrhoea—T. I. C. P.....	130
Rosch .....	1364	" Its Treatment—F. H. A.....	982
Abyssinin .....	1566	Alcohol and the Leucocytes.....	1383
Acetanilid—Wainwright .....	614	Alkaline Bath.....	798
Acetone in the Urine, Test for—Dr. From-		Alkaloidal Granule, Force Behind.....	1346
mer .....	1216	" Medication—A. T. Cuzner.....	245
Acid Fermentation and Neurasthenia.....	1111	" " My First Experience with—	
		Swatt .....	110

	PAGE		PAGE
Alkaloidal Methods and Common Sense Win Again—Chas. E. Buck.....	1445	Anesthetic Use of Hyoscine Hydrobromide and Morphine in Country Surgery and Labor—Tinsley Brown.....	1540
"Therapy in Arteriosclerosis—E. Monin.....	318	Angioneurotic Edema—F. R. S.....	1374
"Treatment of Typhoid.....	1569	Angina—and Croup, Case of.....	1227
"Against Galenicals—H. W. Smith.....	1222	"In Measles—March.....	964
"Experience With—John Freeman Neal.....	1345	"Pectoris, The Curative Abortability of When Taken in Season and Properly Treated—Theo. Hagen.....	170
"of Golden Seal—French.....	1018	Angleworm Oil, Scars on Face and—W. J. L.....	1123
"Lighten the Burden"—Dobson, A. T.....	235	Anise as a Galactagogue.....	509
"in Pneumonia—Frederick F. Lemon.....	534	Another Death From Scopolamine.....	1548
"Retained Placenta—J. W. Summers.....	1584	Another Example: One of Thousands.....	286
"They Teach the Use of—Malcolm D. Miller.....	113	".....	1145
"vs. Alcohol.....	289	Another Man Aborting Pneumonia—By Vere V. Hunt.....	533
"Why Not Use Them?—A. W. Teel.....	1229	"Phase of the Proprietary Question.....	723
All Aboard for Boston.....	683	"Success in Whooping Cough—F. M. Linnard.....	1464
Alling, A. N. and A. O. Griffin—"Diseases of the Eye and Ear".....	258	"Therapeutic Point—Candler.....	964
Aloin and Hemorrhoids—G. S. Y.....	1127	Answer to Dr. Meyers—By W. F. Radue.....	1568
Alum for Tympanites.....	654	Antigonococcus Serum in Gonorrheal Rheumatism.....	500
Alypin in Genitourinary Surgery.....	664	Antigonorrheal, A New.....	1559
A. M. A. Meeting.....	736	Antipyretics, The Pharmacology of—A. L. Muirhead.....	35
Amebic Dysentery—W. S. A.....	1261	Antisepsis, Intestinal, in Typhoid Fever—John Forrest.....	1304
"Operative Treatment.....	1201	Antitoxin in Diphtheria—Geo. H. Candler.....	1360
Amenorrhea.....	1070	Anuria, Reflex, A Case of Complete—F. Zuccala.....	1211
"Alcoholism; Probable Uterine Fibroid —T. I. C. P.....	130	Aortitis, Acute.....	654
"—F. A. C.....	414	Appeal to the Teachers of Therapeutics and Practice in Our Medical Colleges.....	991
"Americana, The".....	1469	Appendectomy, Colitis After.....	1323
American Fraud, The Great.....	1572	Appendicitis—A. G. R.....	422
"Medical Editor's Association.....	1231	"Chronic—B. W. G.....	977
Among the Exchanges.....	1269	"in France—Thackeray.....	1102
"Amor Victor"—By Orr Kenyon.....	1116	"in the French Army.....	870
Amputation of the Cervix.....	1069	"—Fistula Following Operation For.....	346
"for Diabetic Gangrene.....	921	"Medical Treatment of—E. Lanphear.....	1062
Anal Fissure.....	920	"Operation Up-To-Date, As the Patient Saw It—F. S. Fish.....	1313
"Pruritus.....	1562	"and the Osteopaths.....	58
Analysis of Drugs, State.....	1379	"Proper, Obstruction of the Ileocecal Orifice and—W. C. Abbott.....	1029
Anastomosis, Dumb-Bell—Bacon, J. B.....	1199	"Some of the Complications of—Crowell.....	643
"Anatomy in Abstract"—By Dr. S. L. McCurdy.....	258	"Some Difficulties of Diagnosis.....	1194
"Descriptive and Surgical"—By Henry Gray.....	116	Apert, M.—Gonorrhea in an Infant Aged Ten Months; Gonococcic Inflammation of the Scalp.....	1216
"and Physiology for Nurses"—By Le Roy Lewis.....	405	Aphorisms, Massage—Dr. Bum.....	1219
Anders, James M.—"The Practice of Medicine".....	115	Aphrodisiacs—F. B.....	265
Anderson, Torgny,—An Easy and Safe Way to Sterilize the Hands.....	1199	Appetite After Operation, To Increase the.....	346
"How Dr. G. E. T. There-Lived up to His Motto.....	1592	Appleton's "Clinical Medicine" Series.....	835
"The New vs. the Old".....	1224	Apomorphine Did the Work—Buck.....	956
And Still Pneumonia.....	1144	" " " —H. C. Buck.....	240
Anemia, Pernicious—C. B. P.....	985	"Green—Dodson.....	813
"Headache—Radue.....	673	"Hypnotic Action of—H. F. C.....	119
Anesthesia, Experiences with Hyoscine Hydrobromide and Morphine Hydrochlorate for Surgical—Emory Lanphear.....	911	"What One Dose Did—W. L. Shelton.....	1240
"New,—Remarkable Results—C. E. Case.....	1539	Arbutin in Cystitis, Hematuria and Bright's Disease—John W. Koehn.....	1567
"Safe Local.....	865	"Pyuria—F. Cathelin.....	1217
"Scopolamine in.....	1336	"Pyuria.....	1335
Anesthetic, Ethyl Chloride as a—Alfred De Roulet.....	1307	Ardor Urinae, Post-Partum—J. A. B.....	1373
"—Fletcher.....	1055	Are Infections in Gonorrhea Injurious?.....	1438
"Light as a General.....	1078	"You Following the Calf?.....	1451
"A New Loca—V. B. L.....	120	"You a Quarter of a Century Behind.—S.....	1349



	PAGE		PAGE
Arsenic Plaster for Epithelioma—H. H.....	988	Ayers, William—Treatment of Infantile Diar-	
Arteriosclerosis—J. P. O.....	843	rhea .....	1027
" —H. P. T.....	265		
" Alkaloidal Therapy in—E. Monin.....	318		
" —Old Age: How to Prevent It and		B	
How to Live with It—W. C.		"Baby Incubators", by Effie L. Lobdell....	1239
Abbott .....	1506	" " —John Zahorsky.....	257
Arthritis, Acute, Treatment with Intraven-		Baby Saved with Calx Iodata—By N. G. Price	1588
ous Injections of Collargol.....	1562	Backache After Operations.....	921
" Deformans Cured (?) By X-Ray.....	1549	Back Rester, A.—A. E. S.....	1595
" An Ethical Point—C. E. J.....	1374	"Back to Nature"—Egg-O-See Cereal Co...	563
" Gonorrheal, Treatment of.....	1215	Bacon, J. B.—Dumb-Bell Anastomosis.....	1199
" Rheumatoid .....	870	Bad Drugs, or Good, Which are you Getting	1377
" " —D. C. M.....	952	Bailey, Pearce—"Diseases of the Nervous	
Ascites—I. A. H.....	1376	System Resulting from Accident and	
Asclepidin and Other Good Remedies: Pneumonia—John Albert Burnett.....	388	Injury".....	973
Asepsis, Intestinal.....	294	Baker, Fred A.—Openings in Louisiana.....	1449
Aseptic Dressing of the Umbilical Cord—Murphy .....	645	Baker, F. J.—The Treatment of Ulcers.....	776
Ashby, T. A.—An Ovarian Tumor Which in Its Life History Aggregated a Weight of Sixteen Thousand Pounds—Operation and Recovery. ....	774	Baldness, The Treatment of.....	789
Ashton, W. Easterly—"A Text-Book of the Practice of Gynecology".....	835	Baldy, J. M.—Kidney Diseases Requiring Surgical Interference.....	47
Assaying and Standardizing.....	1486	Ballenger, Edgar G.—Prostatic Albuminuria A Cause of Error in the Diagnosis of the So-Called "Orthostatic," "Physiologic" and "Cyclic Albuminuria"	1078
Association of America, Military Surgeons, " for the Prevention of Venereal Diseases. ....	797	Ballenger, E.G.—Treatment of Urethritis with Medicated Sounds.....	665
Asthma Autoxemia; Chronic Abscess—A. M. S.....	267	Balsam of Peru for Wounds.....	1322
" A Stubborn Case of—H. M. T.....	975	Balzer's Formula for Soft Chancres.....	505
As to Thinking Right.....	1142	Barker, W. H. H.—How to Disarticulate a Skull .....	1351
Atropine; Echinacea. An Idiosyncrasy—R. A. Black.....	1358	" —Northern Wisconsin As a Cure for Consumptives.....	1349
" As a Hemostatic—Harry W. Sigworth .....	1355	Barnum, Henry W.—Some of the Therapeutic Uses of Static Electricity.....	623
Authorities .....	727	Barton, A. W.—He Believes in Aborting Diseases .....	531
"Authority." Why Not Know?.....	1265	Barton, Catharine Josephine—"An Interlude".....	1118
Auto-Deception—A. J. Perkins.....	181	Baths, Massage, Suggestion and Other Treatment Which Should Be Rescued from the Quacks, by P. W. Ransom.....	1402
Autoinfection Will Do, What—Abbott.....	833	Baylor, R. H.—Some Positive Results.....	530
Autointoxication .....	1443	Beard and Rockwell—"Sexual Neurasthenia: Its Hygiene, Causes, Symptoms and Treatment, with a Chapter on Diet"	255
" Acute—Howard .....	695	Becker, Ernst—Rare Complications of Gonorrhea .....	665
" Intestinal What It Does and How to Control It—Abbott.....	871	Beer, Edwin—Mammary Syphilis Simulating Cancer of the Breast.....	68
" Lesson in—Morris.....	943	Beginning, A—H. M.....	1446
" Therapieusis and Treatment of Interstitial Gingivitis Due to—E. S. Talbot .....	1396	Belfield, Wm. T.—Cases of Prostatic Operation .....	475
Automobiles—J. H. Hunt.....	1612	Bell, Wm. Duffield—Obstetrics in the Philippines .....	495
Autotoxemia—H. W. J.....	716	Bemus, W. M.—Special Exercises for Spinal Deformities .....	1417
" A Case of—Johnson.....	897	Berberine—French .....	1018
" as One of the Causes of Epilepsy.....	433	Berchon, Dr.—Dosimetric Jugulation of Pneumonia .....	384
" or Cirrhosis of Liver, Diabetes—S. F. S.....	137	Berg, A. A.—"Surgical Diagnosis".....	406
" Complicating Pneumonia—Alfred S. Hubbard .....	1461	Berhheim-Karrer, J.—Eczema as a Cause of Death in Children.....	1210
" Puerperal—By J. H. Fretz.....	1354	Bernart, Wm. F.—Intravenous Injections of Mercury as a Therapeutic Test in the Diagnosis of Syphilis of the Nervous System .....	1076
" Severe: Life Saved With Glonoin—By G. W. Cannon.....	89	Best Method of Fixation of Wandering Kidney —Lanphear .....	769
" vs. Typhoid Fever—A. D. Campbell..	1341		
"Autotoxicoses, Their Theory, Pathology and Treatment"—By Heinrich Stern .....	1248		
Awakening .....	736		
Aylsworth, Geo. M.—Remarks on the New Knowledge .....	373		
" —Has Directly Curative Internal Medication a Scientific Basis	684		

	PAGE		PAGE
Best Remedies—E. S. J.....	718	Brickner, Walter M.—Surgical Suggestions; Practical Brevities in Diagnosis and Treatment.....	1116
Be Strong!.....	854	Bright New Sign,—A. H. S.....	1108
Be Sure You're Right, Then Go Ahead.....	583	Bright's Disease, Albuminuria in Nephritis and.....	364
Bevan, Arthur Dean—Actinomycosis.....	490	“ Hematuria and Cystitis, Arbutin in—By John W. Koehn.....	1567
“Biennial Report of the Department of Health of the City of Chicago”—By C. J. Whalen.....	1250	“ Operations for.....	347
Bile Pigment, A Very Sensitive Test For.....	1438	“ Thyroid Gland in—H. D. Champlin.....	452
Biliary Colic, Gastric Pain vs.....	347	Broaden Your Field.....	287
“ “ Wild Yam In—By J. H. Hull..	104	Brodnax, The Late Dr.—Waugh, W. F.....	401
“ Headache.....	675	Bronchitis, Capillary; Pneumonia Aborted—A. T. Dobson.....	1462
Biliousness and Melancholia—W. H. Birchmore.....	606	Bronchitis, Chronic—J. N. E.....	417
Dr. Billings' Fee.....	1274	“ Three Cases of Chronic Catarrhal—W. F. Radue.....	399
Biologic Medicine, Study in—The Role of Drugs in Therapeutics—Joseph Clements.....	1407	Bronchopneumonia in Indian Children—By Toler R. White.....	522
“ —The Pneumonias.....	297	Brown, P. K.—Erythema Multiformis.....	215
Birchmore, W. H.—Biliousness and Melancholia.....	606	“ Tinsley—The Use of Hyosine Hydrobromide and Morphine as a General Anesthetic in Country Surgery and Labor.....	1540
“ —Neurasthenia of Infancy and Early Childhood.....	1499	Browning, Eli—One Case Lost in Twelve Years.....	523
Bird, Jesse—A Few More “Exhibits”.....	1112	Brubaker, Albert P.—“Human Physiology. A Text-Book”.....	836
Black Eye.....	1201	Bruce, J. Mitchell—“Materia Medica and Therapeutics, an Introduction to the Rational Treatment of Disease....	1247
Blackheads.....	258	Brunton, Thomas Lauder—“Lectures on the Actions of Medicine”.....	703
Black, R. A.—Atropine; Echinacea, An Idiosyncrasy.....	1358	Bubonic Plague, A Personal Experience With—Vamin Baji Kulkarin.....	553
Blackwell, L. S.—Enteric Fever—Its Etiology and Treatment.....	1237	Buchanan, J. Robert—The Importance of a Thorough and Accurate Knowledge of the Therapeutic Action of Drugs.....	1094
Bladder, Prolapse of.....	1204	Buck, Chas. E.—Apomorphine Did the Work—Common Sense and Alkaloids Win Again.....	1445
Blesh, A. L.—Surgical Treatment of Pyloric Stenosis.....	1200	“ —A Helping Hand From Boston..	811
Blondel, Paul—Traumatic Stricture Cured by Electrolysis.....	1547	“ H. C.—Green Apomorphine.....	240
“The Blues”—By Albert Abrams.....	704	“ —Self-Limited Disease.....	1596
Blum, V.—Priapism of Leukemic Origin... ..	1559	Builder, The.....	587
Bobbitt, F. S.—Calcium Sulphide in Puerperal Sepsis.....	1359	Bukoemski, F. W.—Treatment of Gonorrhea in the Female With Methylene Blue.....	1557
Bodine, John A.—Local Anesthesia in Operations for Hernia.....	201	Bulkley, L. Duncan—Obstinate Ulceration..	1076
Bogen, L. L.—Is the Feces a True Secretion of the Blood.....	82	Bulson, A. E.—Cineraria Maritima for Catarract.....	1550
Boils and Carbuncles.....	56	“ —Injuries of the Eye.....	1440
Boils, Treatment of.....	1200	Bum, Dr. . . . . . Massage Aphorisms.....	1219
Boldt, Herman St. John—Uterine Bleeding... ..	492	Bunions, H. D. Mc. G.....	1477
Bollinger, George—Purity Rather Than Price.....	296	Burdick, Alfred S.—Stomach Troubles From the Standpoint of the General Practitioner.....	470, 631
Boost, Give him a.....	16	Burdock—J. D. U.....	422
Bosher, L. C.....	1202	Burgess, W. H.—“The New Field”.....	563
Boston and the A. M. A.....	995	Burnett, J. A.—Caulophyllin.....	812
“ in June.....	593	“ John Albert—Myricin.....	1511
Botts, A. T.—Rosacea.....	408	“ —Pneumonia; Asclepidin and Other Good Remedies.....	388
Boulengier, Dr.—Inunctions in Syphilis....	1557	“ —Treatment of Intermittent Fever.....	1343
Boubon County, How We Do It In—W. C. Ussery.....	30	“ S. M.—Gonorrheal Iritis.....	501
Bovee, J. Wesley—“Practice of Gynecology”.....	1249	Burns and Scalds, Treatment off—W. Mc. I.....	979
Bowel Complaint, Two Cases of—Farmer... ..	1100	Busch, F. C.—“Laboratory Manual of Physiology”.....	257
“ Obstructed by Salol—W. D. E.....	266	Bushfield, Jas.—A Remarkable Series of Cases of Icterus Neonatorum.....	504
Bowles, Condition of.....	632		
Boyce, J. M.—Calcium Iodized: He's Finding New Uses For It.....	398		
Boynton, C. E.—Stimulants and Manhood..	370		
Bradley, W. M.—Malarial Chills.....	707		
Brain Tumors.....	1069		
Bremerman, L. W.—The Ureteral Catheter in the Diagnosis and Treatment of Kidney Lesions.....	213		
Brickner, Walter M.—“The Surgical Assistant. A Manual for Students, Practitioners, Hospital Internes and Nurses.....	1117		

	PAGE		PAGE
Buskett, Nancy H.—Gran's Cleaning.....	957	Cancer—Radium Treatment of.....	1548
“ —How Newton Had Pneumonia...	537	“ of the Rectum—W. J. Mayo.....	1427
“ —Novel Method of Washing the		“ “ “ and Sigmoid, Importance	
Stomach With Soap .....	1579	of Early Diagnosis of—R.	
“ —When Smith Had His Stomach		D. Mason.....	1317
Shrunk .....	81	“ and “The Simple Life”.....	1385
Busy—But Has “Time to Read”—P. M.		“ of the Skin, Produced by Light.....	1556
Hawkins .....	1456	“ “ “ Stomach—Burdick .....	634
Butler, Geo. F.—Acid States in Surgical and		“ “ “ Uterus, Inoperable Cases of....	203
Other Traumatisms .....	52	“ “ “ Uterus .....	206
“ Cardiac Dilation With Complications...	745	“ “ “ —J. E. P.....	574
“ A Text Book of Materia Medica,		“ “ “ .....	1204
Therapeutics and Pharmacology...	838	“ “ “ Why do Women Die of—	
		Lanphear .....	641
<b>C</b>		Candler, Geo. H.—The Acute Diseases of	
Cactus Grandiflorus.....	670	Children 748, 887, 1038, 1166, 1300	
“ and Other Heart Remedies.....	106	“ Another Therapeutic Point .....	964
Caffeine .....	219	“ Antitoxin in Diphtheria .....	1380
Calcium Iodized: He's Finding New Uses		“ Epilepsy: Some Essentials of Rational	
for It—J. M. Boyce.....	398	Treatment .....	157
“ Salts in Chilblains .....	795	“ The Feces: A True Secretion of the	
“ Sulphide: A Contribution to Its Uses—		Blood .....	84
J. M. Watson.....	1235	“ The Modern Method of Treating	
“ “ in Pertussis—G.....	681	Diseases of Children.....	509
“ “ “ Puerperal Sepsis—Bobbitt,		“ Rationale of Intestinal Antisepsis ..	1347
F. S.....	1359	“ Some More Therapeutic Pointers... 834	
“ “ “ Scabies—Schnell .....	969	Cannabis in Delirium Tremens—Elihu B.	
“ “ “ Whooping Cough; and Calx		Silvers .....	1362
Iodata in Degeneration—		Canned Meats .....	861
S. N. Merrick .....	1235	Cannon, G. W.—Severe Autotoxemia: Life	
“ Calculi and Cystitis”—C. F. R.....	712	Saved with Glonoin.....	89
Calculus, Renal, in a Child—D. B. Mandhle.	1439	Can Pterygium Be Cured Without the Use of	
Calf, Are You Following the .....	1451	the Knife?—V. P. S.....	1471
Calomel as a Remedy for Gonorrhea—By W.		“ Syphilis Be Radically Cured.....	1332
S. Gowler.....	1596	Capillary Bronchitis, Pneumonia Aborted—	
“ and the Sulphocarbolates—B. B. W... 1477		A. T. Dobson.....	1462
Calx Iodata, Baby Saved with—By N. G.		Carbolic Acid Lotions, Danger of Using....	1437
Price .....	1588	Carbuncles, Boils and.....	56
“ “ in Degeneration; Calcium Sul-		“ and Diabetes—Phillips.....	958
phide in Whooping Cough—S.		Carbuncle, Non-Operative Treatment of....	943
N. Merrick .....	1235	Carcinoma—M. G. P.....	709
“ “ —Dodson .....	813	“ Mediastinal, Cure of.....	1550
“ “ Experience with—W. J. Schack-		“ of the Prostate—Wm. T. Belfield.....	476
lette.....	247	Carcinoma of the Stomach—Its Early Diag-	
“ “ Failed, A Case Where—J. F. S... 577		nosis—By Paul G. Parogue.....	1189
“ “ for Fibroid Growths and Goiter		Carcinomatous Papilloma of Ovary.....	1430
—J. H. F.....	576	Cardiac Dilation with Complications—Butler	745
“ “ and Hypertrophied Tonsils—		“ Dropsy—S. E. M.....	579
H. G. L.....	713	“ Drugs, the Comparative Therapeutic	
“ “ in Pyosalpinx—W. A. Lemire... 1234		Action of.....	1357
Campaigner, An Old—E. F. Steger.....	1587	“ Paroxysms..G. B. L.....	705
Campbell, A. D.—A Few More Exhibits... 1112		Case of Hernia, Suggestions in—Souder, C.	
“ —Typhoid Fever vs. Autotoxemia ... 1341		Fletcher .....	1191
“ Jas. T.—Case of Primary Chancre of		Caries of Cervical Vertebrae—F. A. L.....	266
the Nose.....	926	“ Carr's Practice of Pediatrics”—W. L.	
Canadian French.....	1022	Carr .....	1470
Cancer, Alcohol, and.....	1068	Carter, R. B.—“Doctors and Their Work”.. 1249	
Cancer of the Breast, Mrs. Eddy and .....	1551	Caruncle, Urethral.....	204
“ “ “ Mammmary Syphilis Simu-		Case of Essential Albuminuria.....	1439
lating .....	68	Case of Angina—and Croup.....	1227
“ “ “ Operations on .....	491	Case of Appendicitis Presenting Some Diffi-	
“ of Clitoris.....	1110	culties of Diagnosis—Frank Warner 1194	
“ Contagiousness of—A. Laphorn Smith. 344		“ of Autotoxemia—Johnston.....	897
Cancer—E. E. P.....	412	Case, C. E.—The New Anesthesia—Remark-	
“ of the Lip—W. H. Walling .....	1603	able Results.....	1539
“ and Moles.....	1430	“ Miss H.—The Ideal Doctor—And His	
“ Music for.....	654	Wife .....	989
“ or Orchitis—L. W. M.....	1252	“ of Cerebral Meningitis, Report of—W.	
		F. Radue.....	1450

	PAGE		PAGE
Case of Cesarean Section; Fibromyomata		Chancroids—E. V. K.....	414
Complicating Pregnancy—Liell....	914	Chandler, S.—Lactic Acid for Gonorrheal	
“ “ Chorea in a Five-Year-Old Girl—		Cervicitis.....	492
W. F. Radue.....	1239	Changes in Clinical Medicine, Some Im-	
“ “ General Fatal Infection with Gon-		portant.....	1479
ococcus and Staphylococcus.....	937	Charlton, N. E.—Prevention of the Laceration	
“ “ Multiple Gestation, Ectopic and In-		of the Cervix and Perineum.....	652
trauterine—Hunter.....	902	Chase, Sara R.—Results in a Case of Phthisis	1593
“ “ Ophthalmic Herpes Zoster in a Child	1558	Cheap Drugs Dangerous.....	1490
“ “ Phthisis, Results in—Sara T. Chase	1593	Chest, Pain in—E. L. P.....	278
“ “ Placenta Previa—By H. H. Hooker.	1425	Chicago Clinic and Pure Water Journal....	1591
“ “ Pneumonia—J. N. Mallory.....	1458	“ Laboratory.....	106
“ Primary Chancres of the Nose.....	926	Chilblains, Calcium Salts in.....	795
“ Pseudo-Leukemia—L. B. D.....	1258	Children, Acute Diseases of (Erysipelas)—By	
“ Renal Calculus in a Child—D. B.		Geo. H. Candler.....	1300
Mandhle.....	1439	Children's Diseases, The Rational Treat-	
“ with a Moral.....	1330	ment of.....	432
“ of Splenomegaly—By A. Weaver.....	1524	Chills, What Will Head off—J. A. B.....	582
Castor Oil for Neuralgia; An Empiric Error	292	Chloasma—E. A. P.....	847
Cat, The—An Appreciation.....	1142	Chloroform in Puerperal Eclampsia.....	350
Cataract, Cineraria Maritima for.....	1550	Cholecystitis, Cure of.....	1546
Catarrh, Duodenal—R. B. C.....	1609	“ Due to Influenza.....	1431
“ General—with Streptococcic Infection		Cholelithiasis—R. C. S.....	849
—G. H. F. S.....	138	“ Convinced by Proof of T. C.....	1356
Cathelin, F.—Arbutin in Pyuria.....	1217	“ With Infection of Gall Bladder.....	716
Catheterization of the Patient—Fletcher....	1058	“ Sodium Succinate and Recurrent....	569
Caulophyllin—Burnett.....	812	Cholera, How to Cure—P. W. O'Gorman..	465
“ —Dodson.....	813	“ II—O'Gorman.....	618
“ in “Rigid Os”—W. J. S.....	1255	“ Infantum—A. L. A.....	1371
“ Rigid Os—By J. H. Demarest.....	1603	“ “ —Pollock.....	757
Cause of Death in Children, Eczema—By J.		“ and Typhus in Asiatic Turkey, Fighting	
Bernheim-Karrer.....	1210	—Ussher.....	939
“ Psoriasis.....	156	Chorea?—L. M. B.....	1128
Causes of Prostitution.....	655	“ Case in a Five-Year-Old Girl—By W. F.	
“ and Treatment of Enuresis.....	929	Radue.....	1239
Caustic Potash, in Epithelioma—Arthur Van		“ Treatment of—Thomas Linn.....	252
Harlingen.....	1334	Christian, H. M.—Acute Prostatitis and Its	
Caution in Hypodermoclysis.....	1431	Treatment.....	68
“ with Paraffin Injections.....	1219	“ Christianity and Sex Problems”—By Hugh	
Cecum, Destroying the Bacteria in the.....	74	Northcote.....	564
Celiac or Splanchnic (Slocum) Parotitis—W.		Christy, W. D.—A School of Therapeutics.	
A. Newman Dorland.....	333	Pneumonia.....	92
Cell, Selective Absorption by—W. F. Waugh	314	Chronic Appendicitis—B. W. G.....	977
Cephalalgia; Uricacidemic and Uterine Reflex		“ Enteritis—R. A. L.....	1611
—L. L. H.....	846	“ Invalids.....	922
Cerebral Meningitis, Report on a Case—W.		Chronic Pelvic Peritonitis.....	924
F. Radue.....	1450	“ Poliomyelitis—S. M. H.....	715
Cerebral Vessel, Rupture of—T. I. C. P.....	570	“ Salpingitis, Massage for—Kate C. Mead	1431
Cerebrospinal Meningitis.....	560	Church, Archibald and Frederick Peterson—	
“ —Hunt.....	104	“Nervous and Mental Diseases”..	562
“ —Priestly.....	809	Cicatrical Tissue, Thiosinamin as a Solvent—	
Certainty.....	1148	G. B. S.....	1370
Cervical Leucorrhea.....	552	Cicutine, Hyoscyamine, and Strychnine.....	71
Cervicitis, Lactic Acid for Gonorrheal.....	492	“ in Motor Excitability and Mania—W.	
Cervix, Amputation of the.....	1069	M. K.....	560
“ Elongated in Complicated Labor—De-		“ in Vesical Spasm, Dosage of—H. K.....	850
livery in—Emory Lanphear.....	1422	Cineraria Maritima For Cataract.....	1550
“ Lacerated.....	786	Circulation of Clinical Medicine—Geo. D.	
“ and Perineum, Prevention of the Lacer-		Swaine.....	1454
ation of—Charlton.....	652	Cirrhosis of Liver—J. M. T.....	259
Cesarean Section Gaining Advocates.....	788	“ “ “ Diabetes Autotoxemia or	
“ A Recent German Report on.....	349	—S. F. S.....	137
Champlain, H. D.—The Thyroid Gland....	324, 449,	Clason, L. Thompson—A Case of Epilepsy	
.....	627	Treated with Nitroglycerin.....	232
Chance to Help a Brother.....	696	“ —The Corn Stalk Pith and The	
Chancres, Balzer's Formula for Soft.....	505	Screw Cap Vial.....	254
“ of the Eyelid.....	502	“ “Dropsy of the Great Omentum;	
“ “ “ Nose, A Case of Primary..	926	Is It?.....	1104
Chancres Often Multiple.....	359		



	PAGE		PAGE
Clason, L. Thompson—My Fight Over Susie P., Leaf From a Country Doctor's Log Book .....	826	Complete Reflex Anuria—F. Zuccala .....	1211
“ —Has Hydrastis Cumulative Effect? A Thrilling Sequel to Dropsy of the Great Omentum .....	1351	Complicated Labor, with Elongated Cervix, Delivery in—Emory Lanphear....	1422
Clean Medicine .....	1146	“ Pneumonia by Autotoxemia—Alfred S. Hubbard .....	1461
Clean Slate A—No Deaths from Pneumonia—J. M. Hawk .....	1463	Complications—Fletcher .....	1060
Clements, Joseph—The Role of Drugs in Therapeutics—Study in Biologic Medicine .....	1407, 1508	“ in Treatment of Gonorrhea .....	1205
Clinical Medicine, Circulation of—George D. Swaine .....	1454	Compound Fractures, Treatment of—C. P. Thomas .....	1535
“ Some Important Changes in .....	1479	Compound Sulphur Lotion for Seborrhea....	798
“Clinical Medicine” Series—Appleton's .....	835	Concentrated Helpfulness—Gustaf F. Heinen	1246
“Clinical Methods”—By Drs. R. Hutchinson and H. Rainy .....	258	Congenital Skeletal Defects .....	937
Clinic Day at the Emergency Hospital—E. B. Smith .....	1195	“ Syphilis, Spirochaeta Pallida in .....	1561
“ Fathers, The—M. T. F.—No .....	1571	Congestive Headache, Radue .....	674
“ Helps Support His Family—J. W. H. ...	104	“Conjugal Relation”—By Wm. B. Dewees..	1363
Clitoris, Cancer of .....	1110	Conjunctiva, Primary Syphilis of .....	65
“ Hypertrophy of .....	786	Connor, Leartus—Dionin in Ophthalmic Surgery .....	1549
Cobb, David P.—Summer Complaint .....	1101	Conservatism, What is Surgical—C. P. Thomas	191
Coberly, L. J.—Treatment of Pneumonia .....	1460	“Conservative” to be “Radical”—When it is —J. S. Murphy .....	1423
Coca and Cocaine—By J. M. French .....	1293	“ and Radical Therapeutics—W. M. Sanger .....	1412
Cocaine Solution, Sterilization of .....	802	Conservative Treatment of Urethral Strictures	658
Codman, E. A.—Brain Tumors .....	1069	Consistency, Thou Art “A Peach” .....	1266
Coexistence of Syphilis and Pulmonary Tuberculosis—J. H. Pryor .....	1211	Consistent, Why Not Be .....	428
Cohn, Paul—Non-Gonorrheal Urethritis, A Case of .....	660	Constipation, (Infantile) and Colic—J. M. M.	1608
Collargol, Intravenous Injections in Treatment of Acute Arthritis .....	1562	“ Obstinate—E. C. J. .....	987
Collective Investigation .....	866	Consumption, Fresh Cure Air—By T. W. Williams .....	1243
Colles' Law, Exception to—W. A. James .....	1334	“Consumption: Its Relation to Man and His Civilization; Its Prevention and Cure —By John Bessner Huber .....	1115
Collier's .....	435	Consumptives Cured in Northern Wisconsin —W. H. H. Barker .....	1349
“ Stand by .....	1390	Contagiousness of Gumma—Chas. M. Williams	12
Collins, Jos.—General Paresis and Antisyphilitic Treatment .....	502	Contribution to the Use of Calcium Sulphide—J. M. Watson .....	1235
“ W. C.—Syphilis of the Internal Ear .....	69	Convallamarin .....	667
Colic and Obstinate Constipation (Infantile) —J. M. H. .....	1608	Convinced by Proof of Cholelithiasis—T. C.	1356
Colitis After Appendectomy .....	1323	Convulsions at Menstrual Period—F. J. ...	1475
Colonic Flushing Before Operation .....	920	“ of Probable Gastric Origin—R. W. H. ...	1126
Combined Extrauterine and Intrauterine Pregnancy—H. T. Miller .....	1432	“ and Prolonged Stupor in Infant—T. B.	1127
Comby, J.—Mercurial Inunctions in Children .....	796	Cook, Conrad E.—Acidity .....	407
Come to .....	358	Coonly, C. J.—Whooping Cough .....	1581
Commission, Shall the Specialist Pay or Divide a Fee With the General Practitioner—Emory Lanphear .....	22	Cooper, William Colby—The Fate of a Pathogenic Microbe .....	671
Common Sense and Alkaloidal Methods Win Again—Chas. E. Buck .....	1445	“ —Food is Food and Medicine is Medicine .....	755
“ Treatment of Tuberculosis—Thad. W. Williams .....	1529	“ Wm. C.—“Preventive Medicine” .....	403
The Comparative Therapeutic Action of Cardiac Drugs .....	1357	“ —What I think of the Alkaloids .....	1231
“Compend of Diseases of the Skin”—By J. F. Schamberg .....	562	Cordier, A. H.—Extra-Uterine Pregnancy: Pathology, Diagnosis and Treatment	187
“ Histology”—By H. E. Radasch .....	563	Cord, Long—M. B. S. ....	1610
“ Materica Medica”—By Prof. S. O. L. Potter .....	1602	“ Technic of Dressing—E. K. Lawrence..	1188
“ Medical Chemistry, Inorganic and Organic, including Urinary Analyses”—H. Leffman .....	258	Cornstalk Pith and the Screw Cap Vial—L. Thompson Clason .....	254
“ Obstetrics”—By H. C. Landis .....	1117	Cornutinum Concentratum .....	1444
		Correction .....	401
		“ .....	704
		Corrosive Sublimate Injections in Syphilis .....	360
		“ “ “ Danger of .....	508
		Corsets a Cause of Gallstones .....	1530
		Cost, A Question of—L. J. Spickard .....	1451
		Cotton, Prof. A. C.—“Diseases of Infancy and Childhood” .....	1363
		Cough of Pregnancy .....	924
		“ Spasmodic or Pertussis—C. R. D. ....	127
		“ Syrups, Extemperaneous—G. A. F. ...	1473

	PAGE		PAGE
Coughs—J. M. Shaller.....	392	Dangerously Incompatible.....	795
Couldn't go Back to Tinctures by D. S. Mc- Connaughey .....	1584	Dauber, H.—Ceserean Section.....	349
Country Doctor.....	869	David, Aumond C.—“Mental and Physical Culture”.....	1364
“ Surgery and Labor, Use of Morphine and Hyoscine Hydrobromide as a General Anesthetic in—By Kingsley Brown .....	1540	Davis, A. P.—“Neurology, Embracing Neuro- ophthalmology”.....	257
Cramps—E. M. C.....	268	“ Chas. Gilbert—“Philosophy of Life”..	1365
Crary, Geo. W.—Acute Septic Pampigus...	505	“ J. H.—Orchitis.....	1368
Crawford, W. T.—Pertussis.....	883	“ —Treatment for Pterygium.....	1368
Creed We Can All Subscribe to—Daniel.....	951	“ Venereal Warts.....	1368
Cretinism; Infantile Myxedema, Juvenile Myxedema, Cretinoid Idiocy— Fletcher .....	760	Day With a Country Doctor—Moody.....	691
Critic Criticized—Myers, T. L.....	1359	Day Spent—But Not Wasted—J. W. C.....	253
Croup, J. I. L.....	268	Day's Clinic in Mardin—Thom.....	940
“ —J. M. Shaller.....	392	Deadly Hesitation.....	1006
“ Case of Angina and.....	1227	Deafness Following Parotitis—J. N. S.....	122
“ An Experience by J. L. Edwards.....	1233	“ Tinnitus Aurium and Partial Deafness —A. J. T.....	978
Croup—Membranous—Candler.....	1043	Death of Charles Chanteaud—E. M. Epstein	551
“ Membranous—Candler.....	1043	“ from Scopalamine, Another.....	1548
“ Pilocarpine—W. F. Waugh.....	1151	Decapsulation in Nephritis.....	785
Crowd, We're Part of a.....	14	Decayed Teeth, Tuberculosis from.....	1547
Crowell, H. C.—Some of the Complications of Appendicitis .....	643	Deciduosyncytioma, Malignant with Report of Case—Deweese, William B.....	902
Culver, Wilmer..Has Aborted Pneumonia Again and Again.....	532	Defective Hand Cleaning.....	1069
Cumston, Chas. G.—Corsets a Cause of Gall- stones .....	1550	Deformans, Arthritis, Cured by X-Ray.....	1549
Cunningham's Anatomy.....	116	Deformities, Spinal, Special Exercises for— W. M. Bemus.....	1417
Cupp, M. F.—The Ideal Professional Life...	803	DeGarmo, W. B.—X-Ray for Tuberculous Testicle .....	200
Cure of Cholecystitis.....	1546	Degeneration, Calx Iodata in; Calcium Sul- phide in Whooping Cough—S. N. Merrick.....	1235
“ of Exophthalmic Goiter.....	653	Delayed Operations, Danger of—Maurice H. Richardson .....	1428
“ of Ganglion.....	1429	Delirium Tremens, Cannabis in—Elihu B. Silvers .....	1362
“ of Mediastinal Carcinoma.....	1550	“ Hyoscyamine in—E. C. D.....	1370
“ for Substitution Evil, A Practical— Edw. A. Tracy.....	1221	Delphinine.....	220
“ of an old Traumatic Stricture of the Eso- phagus by Thiosinamin.....	1008	Delivery in a Complicated Labor With Elon- gated Cervix—Emory Lanphear.....	1422
Curettege, Relation of Uterus during.....	1326	Demarest, J. H.—Caulophyllin in Rigid Os...	1603
Curious Clinical Contribution—J. L. S.....	817	Dementia Following Typhoid—W. L. W.....	121
Curtiss, J. T.—Internal Antisepsis.....	1091	Dentist, The Physician and—J. A. McPhail..	766
Cushing, Harry—Intracranial Hemorrhages in the Newly-Born.....	1432	“Depoisners,” Are Intestinal Antiseptics Sys- temic .....	98
Cutaneous Syndrome of Gastrointestinal Ori- gin .....	937	Depressant, Is Veratrine a.....	1010
Cuzner, A. T.—Alkaloidal Medication.....	245	Depression of Sternum—Huston, H. W.....	1429
“ A. T.—Subtropical Dysentery.....	1090	Dermatitis—C. B.....	269
Cypripedin and Scutellarin; Neurasthenia— L. W.....	135	“ Herpetiformis, Indican in the Urine of Those Afflicted With.....	931
Cystitis, Adrenalin in Chronic.....	938	“ Peculiar—J. W. S.....	987
“ Hematuria and Bright's Disease, Arbu- tin in—By John W. Koehn .....	1567	Dermatology and Venereal Diseases, How to Study Them in Europe—Wm. J. Robinson .....	1433
“ Prostatorrhea, or Diabetes Insipidus— W. J. B.....	840	De Roulet, Alfred—Ethyl Chloride As A Gen- eral Anesthetic.....	1307
“ in Women, Chronic.....	348	DeSchweinitz, G. E.—“Diseases of the Eye”.....	974
“ The Diagnosis and Treat- ment of—By Alfred de Roulet.....	476	Development of Breasts—D. E. S.....	978
Cytorrhyctes Luis.....	665	Deweese, Wm. B.—“Conjugal Relation”....	1363
		“ Malignant Deciduosyncytioma, with Report of Case.....	902
		Diabetic Gangrene, Nuclein in.....	1580
		Diabetes, Autotoxemia or Cirrhosis of Liver —S. S.....	137
		“ Carbuncles and—Phillips.....	958
		“ Ergotin in—F. S. B.....	271
		“ Insipidus.....	251
		“ “ Cystitis, Prostatorrhea or.....	840

## D

Dandruff, Seborrhea or—W. F. Radue.....	91
Danger of Carbolic Acid Lotions.....	1437
Dangerous, Cheap Drugs.....	1490
Danger of Delayed Operations—Maurice H. Richardson .....	1428
“ of Repeating Prescriptions—Ignatz Weis	1210

	PAGE		PAGE
"Diabetes Mellitus"—by Prof. Carl von Noorden .....	257	"Diseases of Women"—Prof. B. C. Hirst...	1336
Diagnosis of Rectal Diseases, Some Practical Points—R. D. Mason.....	1537	Disinfectant, Formaldehyde as an Internal..	1444
" and Treatment of Cystitis in Women—Alfred de Roulet.....	476	Displaced Kidney.....	1432
Diagnostic Remedy for Laryngeal Diphtheria and Membranous Croup.....	1275	"Dissecting Manual Based on Cunningham's Anatomy"—W. A. Rockwell.....	116
Diarrheal Troubles Disappearing.....	1347	Distant Organs—Pope.....	649
Diarrhea, Treatment of Infantile—Ayers....	1027	Diuretic, Diuretin and Urea as a Desirable..	1565
" The Treatment of Summer.....	820	Direutics Best Adapted for General Use—Abbott .....	739
Diarrheas, Summer.....	935	Diuretin and Urea as a Desirable Diuretic...	1565
" Treatment of Summer—Smith.....	891	Dobson, A. T.—Pneumonia Aborted; Capillary Bronchitis.....	1462
Did You Earn It?.....	1003	Doctor and the Dollar.....	969
Diet, General Principles—Burdick.....	632	" and Druggist—John A. Welsch.....	377
" in Skin Diseases.....	796	Doctor's Fees, The.....	7
" " Typhoid Fever—D. W. Reed.....	1342	" Life in the Philippines—Thomas E. Moss .....	1465
Differential Leucocyte, Value in Acute Surgical Diseases.....	1547	" Life in the Philippines—Thos. E. Moss .....	1572
Difficulties of Diagnosis in Appendicitis—Frank Warner.....	1194	" Wife—Jones .....	990
Diffuse General Myelitis, Acute.....	1443	" " .....	585
Digalen .....	74, 368	" " —An Appreciation.....	853
Digestive Organs, Mutual Relations of Drugs and the—J. H. Salisbury.....	445	"Doctors and Their Work"—R. B. Carter..	1249
Digitalin .....	725	Do Specialists Fail and Why?.....	1498
" The Tonic Action of Digitalis with Especial Reference to Its Most Desirable Active Principle—W. C. Abbott .....	26	Does Sulphide Check Milk—G. B.....	1612
Digitalis, Aconitine and—A. A. G.....	1253	Dodson, Z. T.—Several Things: Caulophyllin; Green Apomorphine; Calx Iodata..	813
" Cumulative Effect of.....	1082	" Wholesale Poisoning—and Other Things.....	542
" The Tonic Action of with Especial Reference to Its Most Desirable Active Principle—Digitalin—W. C. Abbott .....	26	Dogma and Logic.....	862
" and Veratrum and Their Active Principles .....	1001	Dohme, A. R. L.—How Drugs Vary in Strength and Quality.....	154
Dilated Stomach—Burdick.....	634	Don't Think.....	928
Dionin in Ophthalmic Surgery .....	1549	Dope for Quackery Again.....	1387
Dioscorein—M. B. Stine.....	1225	" Who Makes .....	1135
Diphtheria, Antitoxin in—Goe. H. Candler..	1360	Dorland, W. A. Newman—Celaic or Splanchnic (Slocum) Parotitis.....	333
" or Edema Glottidis—C. M. R.....	124	Dosage of Cicutine in Vesical Spasm—H. K..	850
" Erysipelas—Candler .....	1038	" The Question of: To Annihilate Therapeutic Nihilism—Robert Peter....	108
" not "Membranous Croup"—A. E. Wall .....	114	"Dose Book and Prescription Writing"—By E. R. Thornton .....	405
" Nasal—Candler .....	1041	Douglass, Beman—"Nasal Sinus Surgery, with Operation on Nose and Throat".....	564
" Pneumonia and Influenza—Schwarz..	682	Dowel Down and Done.....	595
Disappearance of Diarrheal Troubles.....	1347	Dressing the Cord, Technic of—E. K. Lawrence .....	1188
Disarticulating a Skull—W. H. H. Barker...	1351	"Dropsy of the Great Omentum" An Answer—Fletcher, Fred.....	1353
Diseases of Children, Acute—Geo. H. Candler .....	1166	Dropsy of the Great Omentum: Is It?—Clason .....	1104
" Modern Method of Treating—Geo. H. Candler.....	599	" of the Great Omentum, Sequel To. Has Hydrastis Cumulative Effect?—L. Thompson Clason.....	1351
"Diseases of the Eye"—By DeSchweinitz...	974	Drueck, Chas. J.—Empyema (Pyothorax)..	636
" " " and Ear"—A. N. Alling .....	258	" Fistula of the Rectum .....	193
" and A. O. Griffin.....	258	Drug Addictions, Extravagant Claims for Hyoscine in the Treatment of—Geo. E. Petty.....	321
" Infancy and Childhood"—By A. C. Cotton .....	1363	" Fiends—T. C. Estes.....	234
" Infancy and Childhood—By Koplik .....	836	" Preparations, on the Market, Incompatibilities in—J. Wirt Robinson..	1452
" " " " for the Use of Students and Practitioners of Medicine"—By L. Emmet Holt.....	704	Druggist's Opinion of Patent Medicines ..	823
" " the Nervous System Resulting from Accident and Injury—By Dr. Pearce Bailey.....	973	" Privileges The .....	1147
" Nose, Throat and Eye"—Kent O. Foltz.....	1600	" Views, Some.....	290
Disease and the Remedy; Mere Assertion, Poor Proof.....	1480	Drugs, Adulterated.....	1389
		" Crude Vary in Strength.....	154
		" Dangerous, Cheap.....	1490

	PAGE
Drugs, Facilitating Parturition—G. A. B...	1125
" Good or Bad, Which are you Getting? .....	1377
" Some Interesting State Analysis of....	1379
" That Make Drunkards.....	1497
" Their Role in Therapeutics—A Study in Biologic Medicine—Joseph Clemens .....	1407, 1508
Drug Therapy, The Evolution of Drug Ther- apy and some of the Elements of Un- certainty of—W. C. Abbott.....	439, 609
Drunkards, The Drugs That Make.....	1497
Duboisine.....	368
Dumas, A. W.—Pilocarpine and Gelseminine in Yellow Fever.....	1087
Dumb-Bell Anastomosis—J. B. Bacon.....	1199
Duncan, Robert Kennedy—"The New Know- ledge".....	561
Duodenal Catarrh—R. B. C.....	1609
Duodenum, Perforation of Stomach and.....	1067
Duty of the Family Physician in Incipient In- sanity in Women—Hall.....	1052
Duty, Prejudice or.....	1493
Dysentery, Amebic—W. S. A.....	1261
" Operative Treatment of.....	1201
" Subtropical—Cuzner.....	1090
Dysmenorrhea—R. L. H.....	270
" —J. J. A.....	271
" —W. R.....	413
" —E. M. C.....	575
" —Pope.....	647
".....	924
" —By Thos. Owings.....	1193
" Glonion In.....	824
" Membranous—K. K. H.....	1127
" Nasal.....	60
" Nervous.....	1552
Dyspepsia, Surgical Cure of.....	921
<b>E</b>	
Ear Disease, Middle.....	1465
Early Childhood and Infancy, Neurasthenia of—Woodbridge Hall Birchmore.....	1499
Early Diagnosis in Cancer of the Rectum and Sigmoid, Importance of—By R. D. Mason.....	1317
" Diagnosis of Carcinoma of the Stomach —By G. Paul Laroque.....	1189
Ear, Syphilis of the Internal.....	69
Earthquake Echoes.....	1006
Easy and Safe Way to Sterilize the Hands—By Torgny Anderson.....	1199
Echinacea, An Idiosyncrasy. Atropine—R. A. Black.....	1358
" in Snake-bite—J. M. C.....	1257
Eclampsia or Epilepsy?—By W. W. Elmer..	559
" Parathyroid Treatment for—H. D. Champlin.....	453
" Thyroid Gland in—H. D. Champlin..	453
" A Typical Case of—C. A. H.....	573
Eclectic and Alkaloids, The Question of Dos- age—E. L. D.....	852
"The Eclectic Practice of Medicine" by Rolla L. Thomas.....	836
Ecraseur, Metzarsky's Decapitating—Myron Ketzenbaum.....	54
Eczema—A. H. N.....	260
" As a Cause of Death in Children—J. Berheim-Karrer.....	1210
Eczema, of the Hands.....	491
" of the Scalp, For Dry.....	798
Eddy, Mrs. and Cancer of the Breast.....	1551
Edema, Angioneurotic—F. R. S.....	1374
" Glottidis, Diphtheria or—G. M. R.....	124
Education, Medical.....	1145
Edwards, J. L.—Croup, An Experience....	1233
Electricity for Furuncles.....	670
" and Impotence.....	497
" Some of the Therapeutic Uses of Static Barnum.....	623
" Its Value to the General Practician—By C. S. Neiswanger.....	1515
" and the X-Ray—Judd.....	878
Electrolysis, Traumatic Stricture Cured by..	1547
"Electro-Therapeutical Practice"—S. Nei- swanger.....	406
Electrotherapy, More About—By A. C. Sher- win.....	1181
"Elementary Exercises in Physiology"—P. A. Fish.....	706
Ellingwood, Finley—Cactus and Other Heart Remedies.....	106
Ellingwood's Therapeutics—M. B.....	1128
"Ellis's Demonstration of Anatomy".....	972
Ellis, W. L.—Modern Management of Sum- mer Diarrheas of Childhood.....	1170
Elmer, W. W.—Eclampsia or Epilepsy?....	559
Elongated Cervix, in Complicated Labor. Delivery in—Emory Lanphear....	1422
Elsworth, R. C.—Three Unnecessary Opera- tions.....	1074
Embalming Fluids—G. N. M.....	566
Emergency Case; Kerosene Enemata; High Enema—W. P. B.....	1605
" Hospital, Clinic Day at—E. B. Smith..	1195
Empiricism: Guesswork or Fact.....	281
".....	1597
Empyema (Pyothorax)—Drueck.....	636
Endocarditis and Gonorrheal Septicemia....	1555
Endometritis—Curran Pope 339, 486, 646, 779, 915 " Treatment of—Curran Pope.....	1184, 1320
Enema After Abdominal Section.....	202
" High; Kerosene Enemata; Emergency Case—W. P. B.....	1605
Energy, Modesty.....	1150
Engman, M. F.—Indican in the Urine of Those Afflicted with Dermatitis Herpetiformis .....	931
Enlarged Liver—J. E. W.....	1477
" Spleen—F. J. A.....	1607
Enteric Fever—Its Etiology and Treatment— L. S. Blackwell.....	1235
Enteritis, Chronic—R. A. L.....	1611
Enuresis—H. J. J.....	1604
Enuresis, Causes and Treatment of.....	929
" Nocturna—A. H. N.....	260
Enzymol, What is—Reynolds A. Sidney....	1119
Epidural Injections.....	1566
Epilepsy.....	728
" —R. D. B.....	272
" Autotoxemia as one of the Causes of... " A Case of Treated with Nitroglycerin— L. Thompson Clason.....	433 232
" Divulsion of the Duodeno-Jejunal Sphincter in the Treatment of—Wy- man.....	897
" Eclampsia or—W. W. Elmer.....	559





	PAGE		PAGE
Fighting Cholera and Typhus in Asiatic Turkey—Ussher .....	939	Frauds, Fools and Fads, The Duty of the Medical Profession Concerning Fanaticism—Y. L. Abernethy.....	178
Fireside Chat—Landers .....	949	Frazier, M. W. C.—Uses Nothing Else.....	968
Fish, F. S.—Appendicitis Operation Up To Date, as the Patient Saw It.....	1313	" Young in the Alkaloids and Growing.....	1228
Fish, P. A.—"Elementary Exercises in Physiology" .....	706	Frederick, E. Victor—"Quick and Easy Anatomy Methods" .....	563
Fissure, Rectal, and Hemorrhoids .....	1547	French, G. W.—A New Intestinal Parasite..	100
Fistula Following Operation for Appendicitis of the Rectum—Chas. J. Drueck.	193	" J. M.—The Alkaloids of Golden Seal..	1018
Fletcher, Fred—Cretinism; Infantile Myxedema, Juvenile Myxedema, Cretinoid Idiocy.....	760	" Coca and Cocaine.....	1293
" "Dropsy of the Great Omentum", An Answer .....	1353	" Thomas's Practice of Medicine....	1103
" Preliminary Preparation and Post-operative Treatment for Abdominal Section .....	1053	" Verbena Hastata in the Treatment of Epilepsy .....	309
Fly-Blisters and the Kidneys in Pneumonia..	367	Fresh Air Cure for Consumption—T. W. Williams .....	1243
"Foltz's Diseases of the Nose, Throat and Nose"—By Kent O. Foltz.....	1600	Fretz, J. H.—Puerperal Autotoxemia.....	1354
Fontaine, Lamar.....	296	" From the Book of Life" .....	1228
Food for Babies—And for Thought.....	252	From a Doctor Who Advertises—By C. G. M. One of the Medical College Boys—F. W. Schnauss.....	680
"Food and Diet in Health and Disease"—By R. F. Williams.....	562	" the Wife of a Veterinary Surgeon—O. G. L.....	1133
Food Is Food and Medicine Is Medicine—Cooper .....	755	Frommer, Dr.—A Test for Acetone in the Urine .....	1216
"Food and the Principles of Dietetics"—By Hutchinson.....	971	Frosted Feet, a Peculiar Case of—E. N. R.....	136
Force Behind the Alkaloidal Granule.....	1346	Fruehwald, Ferdinand—"Reference Handbook of the Diseases of Children"	1115
For Dry Eczema of the Scalp.....	798	Fulcher, A. S.—Report on Sparteine in Large Doses .....	1357
Foreword—Emory Lanphear.....	47	" M. T.—My Best Case in 1905.....	244
" Our .....	1	Furuncles, Electricity for.....	670
Forget, M.—Gonorrhea in an Infant Aged 10 Months; Gonococcic Inflammation of the Scalp.....	1216	Future of Pharmacology.....	722
Formaldehyde as an Internal Disinfectant..	1444	" Surgery .....	1068
Formates of Quinine, A Physiologic Study of Formic Acid and the.....	1079		
" The—Try Them.....	155	G	
Formic Acid and the Formates of Quinine, A Physiologic Study of.....	1079	Galenicals, Alkaloids Against—By H. W. Smith .....	1222
" Acids and the Formates, as at Present Understood.....	667	Galenics, A Positive Proof of the Variability and Unreliability.....	1266
Formic Salt.....	1082	Galenicals, A Strong Argument Against the Use of.....	999
Formin—V. A. B.....	420	Gallstones .....	1204
" or Urotropin, Purity of.....	1565	" —J. R. G.....	418
Formula Wanted—H. E. M.....	577	" Cured, A Severe Case of—Jewell.....	1099
Formulae, Useless.....	364	" Fever with.....	57
Forrest, John—Intestinal Antiseptics in Typhoid Fever.....	1304	" Avoiding Secondary Operations for... Corsets a Cause of.....	1550
Forshaw, W. J.—Primary Syphilis of Conjunctiva .....	65	" Gallstones and Their Surgical Treatment"—By G. A. Moynihan.....	562
Fowler, Geo. R.—"Treatise on Surgery" .....	1365	Gamenol .....	1082
" Russell S.—"The Operating Room and the Patient" .....	974	Ganglion, Cure of.....	1429
" W. S.—Calomel as a Remedy for Gonorrhea .....	1596	Gangrene, Diabetic, Nuclein in.....	1580
Fractured Patella, Operative Treatment of..	1323	Gargle in Tonsillitis.....	938
Fracture, Subperiosteal.....	1430	Garner, J. E.—Nuclein in Quinsy.....	1580
Fractures, Compound, Treatment of—By C. P. Thomas.....	1535	Gastric Indigestion, The Scope of Surgery in the Treatment of—Ground.....	1049
" of the Head of Radius.....	1198	" Pain, Acute—W. H. M.....	264
Fraud, The Great American.....	1572	" vs. Biliary Colic.....	347
Frauds and Follies, Fads .....	15	" Sedatives—Burdick.....	636
" " " —J. R. P.....	394	" Ulcer .....	1323
" Fools and Fads, The Duty of the Medical Profession Concerning Fanaticism—Y. L. Abernethy.....	41	" Hemorrhages of.....	1597
		" —Lenhartz Method.....	1324
		Gastralgia—S. G. B.....	1372
		Gastritis—E. F. P.....	1373
		" —J. G. M.....	271
		" Chronic—Burdick.....	633

	PAGE		PAGE
Gelseminine in Yellow Fever, Pilocarpine and —Dumas .....	1087	Gonorrheal Infection, Causing Rectal Stric- ture .....	1558
Genital Activity, Female, A New Theory....	1551	“ Iritis .....	501
General Health and Local Conditions, The Relation of.....	1215	“ Menorrhagia .....	1070
“ Practician, The Value of Electricity to—C. S. Neiswanger.....	1515	“ Rashes .....	663
“ Systemic Gonorrheal Infection.....	932	“ Rheumatism .....	1550
“Genito-Urinary Surgery and Venereal Diseases”—By. Drs. J. William White and Edward Martin.....	255	“ “ —F. L. C.....	1476
“ Urinary Tract, Tuberculosis of.....	508	“ “ .Antigonococcus Serum in... 500	
Gestation, Ectopic and Intrauterine, A Case of Multiple—Hunter.....	902	“ “ The Treatment of.....	793
Giant Shingles—L. H. J.....	411	“ Septicemia and Endocarditis.....	1555
Gibbon, Edward C.—“The Eye, Its Re- fraction and Diseases”.....	115	“ Vaginitis in Little Girls.....	660
Gilliam, C. F.—Therapeutic Nihilism vs. Therapeutic Positivism.....	1162	Good, B. L.—Profound Intoxication.....	239
“ Treatment of Pneumonia.....	455	Good or Bad Drugs—Which are you Getting? 1377	
Gingivitis, Interstitial Due to Autointoxi- cation. Etiology—Talbot.....	1011	“ Number A.....	16
“ Interstitial, Due to Autointoxication, Therapeusis and Treatment of— By E. S. Talbot.....	1396	Gordon, C. W.—Goiter—How Do You Treat It? .....	1109
Glanders—R. G. McB.....	1369	Gran's Cleaning—Buskett.....	957
“Glad Tidings, How to Obtain Happiness and Health”—John J. Snyder....	706	Granulated Eyelids—Kreider.....	1119
Glandular Fever—Candler.....	889	Gray Hair—P. R.....	1254
“ Swelling, Painful, in Syphilis.....	1558	Gray, Henry—“Anatomy Descriptive and Surgical”.....	116
Glonoin in Dysmenorrhea.....	824	“ Robert—Strychnine.....	1177
“ Life Saved with; Severe Autotoxemia —G. W. Cannon.....	89	Great American Fraud, The.....	1572
Glycerinized Paste—J. E. Thompson.....	259	Great Medical Meeting Coming.....	435
Goiter, Calx Iodata for Fibroid Growths and “ Cure of Exophthalmic.....	576	Griffin, A. O. and A. N. Alling—“Diseases of the Eve and Ear”.....	258
“ Exophthalmic—A. B. F.....	1259	Griffith, E. H.—Vicarious Menstruation....	407
“ “ Thyroid Gland in—H. D. Champlin .....	452	Ground, Wm. E.—Scope of Surgery in the Treatment of Gastric Indigestion... 1049	
“ How Do You Treat It?—Gordon ....	1109	Grove, W. R.—A Family Infected with Syph- ilis .....	1213
“ Treatment of.....	1549	Guaiacol in the Treatment of Renal Tubercu- losis—Max Schuller.....	1439
Golden Seal, Alkaloids of—French.....	1018	Guinn, G. E.—Chronic Suppurative Otitis Media .....	183
Gonococcic Inflammation of the Scalp—N. Apert and M. Froget.....	1216	Guisy, Barthelemy—The Treatment of Chronic Urethritis.....	930
“ Conjunctivitis .....	502	Guiteras, Ramon—Bright's Disease.....	347
“ in the Puerperium.....	503	Gumma, Contagious—Chas. M. Williams... 1212	
Gonococcus and Staphylococcus, A Case of General Fatal Infection with.....	937	Gummata to Multiple Muscular with Bullion Onset.....	661
Gonorrhea, Calomel as a Remedy for—W. S. Fowler .....	1596	“ The Treatment of by Artificial Hy- peremia .....	662
“ and Its Complications, Treatment of —Wm. J. Robinson....1070, 1205, 1327		Gunshot Wounds and a Mountaineer's Meth- od of Treating Same—C. D. Mans- field .....	198
“ in the Female, Treatment with Methy- lene Blue.....	1557	“ Wound of Vertebra.....	1548
“ in an Infant Aged Ten Months, Gonoc- occic Inflammation of the Scalp— M. Apert and M. Froget.....	1216	Gynecology, Three Valerianates in.....	493
“ Infections in—Are They Injurious....	1438		
“ Marital.....	668		
“ in Prostitutes.....	206		
“ Rare Complications of.....	665		
“ as a Cause of Sterility.....	660		
“ Removal of the Uterus in.....	349		
“ Which is the More Dangerous Disease Syphilis or.....	498		
“ in Women.....	1326		
Gonorrheal Arthritis, Treatment of.....	1215		
“ Erythema Nodosum.....	793		
“ Infection, General Systemic.....	932		

## H

Hager, F. C.—What of this Case of Pneumonia	524
Hagen, Theo.—The Curative Abortability of Angina Pectoris.....	170
Half Measures will not Cure Typhoid—I. N. Meyers .....	1339
Hall, Ernest—The Duty of the Family Physi- cian in Incipient Insanity in Women	1052
“ E. E.—When Should we Start Treat- ment in Syphilis.....	506
Halle, A.—Improved Method of Examination for Spirochaeta Pallida.....	1562
Hammond, Graeme M.—The Ovaries and Mental Development.....	922
C. Hamilton, C.—Hatpins in the Urethra....	362
Hand, Neuroma of.....	1550
“Handy Reference Book”—By Jos. S. Nieder- korn .....	705

	PAGE		PAGE
Hannum, W. H.—Two Very Interesting Cases of Hysteroid Convulsions.....	832	Hernia, Injection Treatment of—T. L.....	980
Hardon, Dr.—Treatment of Goiter.....	1549	“ Local Anesthesia in Operations for....	201
Harman, G. A.—Rheumatism.....	372	“ of Ovary.....	923
Harrison, Reginald—Hypertrophied Prostate and Stone.....	1546	“ Scopolamine Anesthesia for.....	1324
Hartzell, M. B.—The Treatment of Syphilis..	1554	Herpes Zoster, Ethyl Chloride in.....	659
Has Aborted Pneumonia Again and Again—Wilmer Culver.....	532	“ Ophthalmic in a Child.....	1558
Has Directly Curative Internal Medication a Scientific Basis?—Alysworth.....	684	He Sees Results Every Day—At Last—E. S. W.....	828
Hatpins in the Male Urethra.....	664	Heyde, J. M.—Treatment of Typhoid Fever, with Report of Eighty Cases.....	1279
Hawk, J. M.—A Clean Slate, No Deaths from Pneumonia.....	1463	Higgins's "Humaniculture"—By Hubert Higgins.....	1601
Hawley, G. W.—Tuberculosis of the Genito-Urinary Tract.....	508	Hilgenreiner, Heinrich—Inguinal Hernia of the Uterus.....	1326
Headaches, Their Classification and Treatment—Radue.....	673	Hints, Some Good—J. S. Tatum.....	1587
Head of Radius, Fractures of.....	1198	“ Useful—John M. Shaller.....	391
Health of our Seamen, The.....	1490	Hip Disease—S. D. S.....	262
Heart of Remeses II (Senostriis).....	1337	Hirst, Prof. B. C.—“Diseases of Women”..	1366
“ Remedies, Cactus and Others.....	106	Hodgkin's Disease—E. S. J.....	1120
He Believes in Aborting Disease—By A. W. Barton.....	531	Hoffman, E.—Improved Method of Examination for Spirochaeta Pallida....	1562
Hedinger, E.—Sudden Death from Status Lymphaticus.....	1338	Hollaender, P.—Spirochaeta Pallida in Congenital Syphilis.....	1561
Heidingsfeld, M. L.—Epithelioma of the Cheek.....	361	Hollman, A. R.—Yellow Fever and the “Skeeter”.....	1087
Heinen, Gustaf F.—Some Concentrated Helpness.....	1246	Holmes, Prof. Bayard, Hospital Surgeons....	1324
Heitzmann, Louis—“Urinary Analysis and Diagnosis by Microscopical and Chemical Examination”.....	561	Holt, L. Emmet—“The Diseases of Infancy and Childhood”.....	704
Hell, Alcohol Is—Y. L. Abernathy.....	1518	Home-Made Tablets?.....	859
Helping Hand from Boston—Buck.....	811	“ of the CLINIC—By Drs. Abbott and Waugh.....	548
Hematuria, Cystitis and Bright's Disease, Arbutin in—John W. Koehn.....	1567	Hooker, H. H.—A Case of Placenta Previa..	1425
Hemicrania Due to Non-Elimination—L. H. G.....	419	Hookworm, W. J. F.....	420
“ Periodical Obstinate—G. M.....	1262	Hospital Surgeons—Bayard Holmes.....	1324
Hemoglobinuria and Quinine.....	1444	Hot Flashes of Climateric—D. H. P.....	572
Hemophilia, The Nature of.....	802	How Alkaloids Are Prepared.....	1226
“ Therapy of.....	938	“ to Cure Cholera—O'Gorman....	465, 618
Hemoptysis Treated with Amyl Nitrite Inhalation.....	802	“ “ Disarticulate a Skull—W. H. H. Barker.....	1351
Hemorrhage—Burdick.....	632	“ Doctors Can Help Burned Out Brothers.....	1109
“ Hemorrhoidal.....	1565	“ He Has Done It—J. M. Rump.....	1594
Hemorrhages of Gastric Ulcer.....	1597	“ to Get Started—W. I.....	129
“ Intracranial, in the Newly-Born—Harry Cushing.....	1432	“ Dr. G. E. T. There Lived Up to His Motto—Dr. Torgny Anderson.....	1592
Hemorrhoidal Hemorrhage.....	1565	“ Medicines Act.....	1491
Hemorrhoids, Aloin and—G. S. Y.....	1127	“ Newton Had Pneumonia—Nancy H. Buskett.....	537
“ Phthisis—C. E. M.....	1475	“ We Progress.....	721
“ and Rectal Fissure.....	1547	“ to Study Dermatology and Venereal Diseases in Europe—Wm. J. Robinson.....	1433
“ in Women.....	349	Howard, H. C.—Abortive Treatment of Typhoid Fever.....	824
Hemostatic, Atropine As A—Harry W. Sigworth.....	1355	“ Paul R.—Acute Autointoxication.....	695
Hendershott, Z. W. Pterygium.....	1368	“ H. C.—Germicidal Treatment of Pneumonia.....	242
Henry, W. O.—The Importance of Pelvic Diseases in Women as a Causative Factor in Insanity.....	1183	“ Russell—“Surgical Nursing and the Principles of Surgery for Nurse”... ..	563
Hepatic Fever, Intermittent—W. H. H.....	1253	Howell, Wm. H.—“A Text-Book of Physiology for Medical Students and Physicians”.....	405
“ Therapeutics—Hubert Richardson....	1156	How We Do It in Bourbon County—W. C. Ussery.....	30
Heresy, Therapeutic—By L. Jacobi.....	1553	Hubbard, Alfred S.—Autotoxemia Complicating Pneumonia.....	1461
“ Triumphant.. ..	1590	Huber, John Bessner—“Consumption: Its Relation to Man and His Civilization; Its Prevention and Cure”....	1115
Hernia.....	1202		
“ Care of—C. Fletcher Souder.....	1191		
“ Inguinal, in Young Children—By E. W. Peterson.....	1201		



	PAGE		PAGE
Hughes, Marc Ray—A Note of the Improper Management of Epileptics.....	1180	I	
Hull, J. H.—Wild Yam in Bilious Colic....	104	I Am Your Wife.....	854
Human Hair in the Stomach—Rather.....	1113	Icterus Neonatorum, A Remarkable Series of Cases of.....	504
"Humaniculture"—Hubert Higgins.....	1601	Ichthyosis, A Peculiar But Successful Treatment of.....	214
Human Life, Playing with.....	429	Ideal Doctor—And His Wife.....	989
"Human Physiology"—By A. P. Brubaker..	836	" Professional Life—Cupp.....	803
Hunner, G. L.—The Actual Cautery in Leucorrhea.....	787	Idiocy, Cretenoid, Cretanism, Infantile Myxedema, Juvenile Myxedema—Fletcher.....	750
Hunt, Vere V.—Another Man Aborting Pneumonia.....	533	Illuminating Gas.....	1140
" Cerebrospinal Meningitis.....	1043	Impaction, Fecal.....	1550
" W. Q.—Imperforate Anus.....	489	Imperforate Anus.....	489
Huston, S. W.—Depression of Sterum.....	1429	" Hymen.....	787
Hutchinson, Robert—Food and Principles of Diatetics.....	971	Importance of Early Diagnosis in Cancer of the Rectum and Signoid—By R. D. Mason.....	1317
" and Rainy—"Clinical Methods"....	258	" of Pelvic Diseases in Women as a Causative Factor in Insanity—W. C. Henry.....	1183
Hyde, James Nevins—The Influence of Light in the Production of Cancer of the Skin.....	1556	" of a Thorough and Accurate Knowledge of the Therapeutic Action of Drugs—Buchanan.....	1094
" Causes of Psoriasis.....	1561	Important Matter: We Want Your Help....	221
Hydrargyri in a Case of Tuberculosis, The Remarkable Action of Unguentum..	361	Impotence—A. F. Z.....	837
Hydrastine—French.....	1019	" Electricity and.....	497
Hydrastis, Cultivation of.....	154	Improper Management of Epileptics—By Marc Ray Hughes.....	1180
" Has It a Cumulative Effect—Thrilling Sequel—L. Thompson Clason.....	1351	Improved Method of Examination for Spirochaeta Pallida.....	1562
Hydrocele.....	1324	Incipient Insanity in Women, The Duty of the Family Physician in—Hall.....	1052
" of the Canal of Nuck.....	788	Incompatibilities in Drug Preparations on the Market—J. W. Robinson.....	1452
Hydrochloric Acid—Burdick.....	635	Indican in the Urine of those Afflicted with Dermatitis Herpetiformis.....	931
" Secretion.....	1597	Indications for Prostatectomy.....	922
Hydrogen Peroxide, Foolishly Exaggerated Claims for.....	434	Indigestion, Infantile—C. R. H.....	126
Hydropericardium, Syphilitic Nephritis and.	928	" —O. K. C.....	566
Hyoscine, Extravagant Claims for in the Treatment of Drug Addictions—George E. Pettey.....	321	Indolent Ulcer, Calcium Iodized as a Stimulant to.....	247
" Hydrobromide and Morphine As a General Anesthetic in Country Surgery and Labor—Tinsley Brown..	1540	Infancy and Early Childhood, Neurasthenia of Woodbridge Hall Birchmore.....	1499
" Hydrobromide and Morphine Hydrochlorate for Surgical Anesthesia, Experiences with—Lanphear.....	911	Infantile Constipation and Colic—J. M. M.....	1608
" and the Morphine Habit.....	962	" Paralysis—Moore.....	893
" Versus Scopolamine.....	1381	Infections in Gonorrhea, Are They Injurious	1438
Hyoscyamine in Delirium Tremens—E. C. D.	1370	Influence of Light in the Production of Cancer of the Skin.....	1556
" Strychnine and Cicutine.....	71	Influenza Aborted.....	244
Hyperchlordyria—Burdick.....	633	" Cholecystitis Due to.....	1431
" —J. M. C.....	714	" Diphtheria, Pneumonia and—Schwarz	682
" —H. M. M.....	715	Inguinal Hernia In Young Children.....	1201
" Test for—A. P. M.....	1252	" of the Uterus—Heinrich Hilgenreiner.....	1326
Hyperidrosis—J. M. C.....	1478	Inhalant, Formula For—D. F. MacD.....	421
" The Treatment of.....	666	Injection, Epidural.....	1566
Hypertrophied Prostate and Stone.....	1546	" Treatment of Hernia—T. L.....	980
" Tonsils—Barron.....	1118	Injuries of the Eye—A. E. Bulson.....	1440
Hypertrophy, Cardiac; Myocarditis—S. D. S.	120	Insanity and Fibroids.....	1552
" of Clitoris.....	785	" Importance of Pelvic Diseases in Women as Causative Factor—By W. O. Henry.....	1183
" (Adenoma) of the Prostate—Belfield, Wm. T.....	475	" Insomnia"—By A. Baumgarten.....	1364
Hypnotic, Isopral, and External.....	801	Inspection of Incision—Fletcher.....	1059
Hypochondriac—F. W. S.....	122	" An Interlude"—Catherine Josephine Barton	1118
Hypo lermic to Reverse Peristalsis.....	346	Intermittent Fever, Treatment of—By J. A. Burnett.....	1343
Hypodermoclysis, Caution in.....	1431		
Hysteria at Catamenia—A. L. N.....	127		
" It Is; Puzzling Case—L. W. C.....	1129		
Hysteroid Convulsions, Two Very Interesting Cases of—Hannum.....	832		

	PAGE
Intermittent, Hepatic Fever—W. M. H.....	1253
Internal Antisepsis—Curtiss.....	1091
" Disinfectant, Formaldehyde as an....	1444
" Use of Lysol—John Parr.....	1324
" International Clinics".....	1601, 970, 705
International Medical Congress.....	549
Interstitial Gingivitis Due to Autointoxication; Etiology—Talbot.....	1011
" Gingivitis, Due to Autointoxication; Therapeusis and Treatment of—E. S. Talbot.....	1396
Intestinal Antisepsis.....	436, 589
" " in Fevers—Waugh.....	1022
" " Rationale of—Geo. H. Candler.....	1347
" " in Typhoid Fever—John Forrest.....	1304
" " Styraol.....	1338
" " Systemic "Depoisoners," are in the Treatment of Typhoid Fever—C. F. Mahood..	1172
" Antiseptics—Burdick.....	635
" Atony and Fermentative Conditions— E. S. W.....	841
" Autointoxication: What It Does and how to Control It—Abbott.....	871
" Disturbances and Prurigo.....	1558
" Obstruction—I. M. M.....	1474
" Perforation, Typhoid.....	1443
Intolerance.....	865
Intoxication, Profound—B. L. Good.....	239
Intracranial Hemorrhages in the Newly-Born —Harry Cushing.....	1432
Intranasal Chancre Simulating Nasal Diph- theria—J. D. Rolleston.....	1214
Intraperitoneal Tuberculosis.....	921
Intravenous Injections of Collargol in Treat- ment of Acute Arthritis.....	1562
Intrauterine Amputation; Prenatal Influence —J. O. McQ.....	1130
" and Extrauterine Pregnancy Combined —H. T. Miller.....	1432
Intravenous Injections of Mercury as a Thera- peutic Test in the Diagnosis of Syph- ilis of the Nervous System.....	1076
"Introduction to Materia Medica and Phar- macology"—By O. T. Osborne....	1118
Intussusception in Children.....	1324
Inunctions in Syphilis.....	1557
Invasion, Unknown, Microbic—J. B. S.....	1477
Iodine and Mercury in Late Manifestations of Syphilis, The Relative Value of..	929
" Seaweed or.....	1498
Iodochloroform.....	938
Iodoform, The Liquid Preparation of.....	662
Iowa Experience—C. F. Wahrer.....	380
Ipecac and Its Galenic Preparations, Where are we at With.....	291
Iritis, Gonorrheal.....	501
" Rheumatic—H. H. K.....	1125
Is It Cholera Infantum?—C. S. E.....	1260
Is Treatment of Sterility Justifiable Without Examining Sperma?.....	1552
Isn't this Worth While?—A. W.....	1459
Isopral, an External Hypnotic.....	801
Italy, Malaria in.....	1575
Itch, Ground—G. E. S.....	128
" Scabies or—By W. F. Radue.....	91
Items Worth Remembering.....	798

J

Jackson, Geo. T.—A Peculiar but Success- ful Treatment of Ichthyosis.....	214
Jacobi, L.—A Therapeutic Heresy.....	1553
James, W. A.—Exception to Colles' Law....	1334
Jangle, A. Vasomotor.....	1493
Jaundice—P. B. G.....	274
Jessner, Dr. S.—The Treatment of Psoriasis " The Treatment of Syphilis.....	63 210
Jewell, C. E.—A Severe Case of Gallstones Cured.....	1099
Johnston, John C.—A Case of Autotoxemia.....	897
Johnstone, Mary S.—Psychosis of Preg- nancy.....	1325
Jones, Eli G.—Pleasant Medication.....	965
" Mrs. E. S.—The Doctor's Wife.....	990
" E. S.—Pneumonia Treatment.....	388
" Prof. Geo. W.....	1549
" W. T.—Pertusis.....	1234
Judd, Corban E.—Electricity and the X-Ray	878
Juettner, Otto—"Modern Physio-Therapy"	973
Juglandin, It Worked—Thackeray.....	947
"Jumped in with Both Feet"—By E. R. Montgomery.....	520
Just a Glimpse.....	593
" an Invitation.....	853
Justice for the Old Doctor—S. J. F.....	954
" to the Old Doctor.....	1489

K

Kanavel, Allen B.—Acute Phlegmons of the Hand.....	489
Kelly, Howard A.—Treatment of Non-Ma- lignant Strictures of the Rectum....	345
Kemper, G. W. H.—"World's Great Anato- mists".....	1249
" G. W. H.—"The World's Anatomists"	1118
Kerosene Enemata; High Enema; Emer- gency Case—W. P. B.....	1605
Kezmarsky's Decapitating Ecraseur—Myron Metzenbaum.....	54
Kidney, Adenoma of—J. M. Baldy.....	48
" Cystic—J. M. Baldy.....	47
" Diseases Requiring Surgical Interfer- ence—J. M. Baldy.....	47
" Displaced.....	1432
" Lesions, The Ureteral Catheter in the Diagnosis and Treatment of.....	213
" Surgical—J. M. Baldy.....	50
Kidneys in Pneumonia, Fly Blisters and the	367
Kidney and Ureter, Tuberculosis of the Right —J. M. Baldy.....	49
" Wandering, in Women.....	924
Kilmer, T. W.—"The Physical Examination of Infants and Young Children"....	703
Kind Words Pay—J. W. F.....	1134
King, Willis P.—"Perjury for Pay, an Expose of the Methods and Criminal Cun- ning of the Modern Malingerer"....	1249
Klimoff, I. A.—New Test for Blood in the Urine.....	1077
Knives, Sterilization of.....	58
Koplik, Henry—"The Diseases of Infancy and Childhood".....	836
Kowalewski Dr.—Chancre of the Eyelid....	502
Krauss, Fred—Treatment of Eczema of the Eyes of Children.....	1209

	PAGE		PAGE
Krulich, Emil—Obstetrical Practice Among the Navajoes.....	964	Lemon, Frederick F.—The Alkaloids in Pneumonia .....	534
Kulkarin, Vaman Baji—More About the Plague .....	1103	Lenhartz Method of Treating Gastric Ulcer .....	1324
" A Personal Experience with Bubonic Plague .....	553	Lentigo—J. T. C.....	1472
<b>L</b>		Leonard, Thomas H.—Remedial Management of the Sick.....	174
Labor, Complicated, Elongated Cervix, Delivery in—By Emory Lanphear.....	1422	Lesions, Abdominal, Acute, Surgery in—By Auguste Rhu.....	1542
" and Country Surgery, Use of Hyoscine Hydrobromide and Morphine as a General Anesthetic in—By Tinsley Brown .....	1540	Lesson in Autointoxication—Morris.....	943
"Laboratory Manual of Physiological Chemistry"—E. W. Rockwood....	564	Letter from the Philippines—Moss .....	677
" Manual of Physiology"—Busch, F. C. ....	257	Let Us Smile.....	854
Lacerated Cervix.....	786	Leucocyte, Differential, Value in Acute Surgical Diseases.....	1547
Lactic Acid for Gonorrheal Cervicitis.....	492	Leucocytes and Alcohol, The.....	1383
LaGrippe, Treatment of—O. C.....	416	Leucorrhea—Pope .....	647
Laity, Our Relation to the.....	1492	" The Actual Cautery in .....	787
Landers, Dr., Death of.....	1583	" Cervical .....	1552
" J. R.—A Fireside Chat.....	949	Leukemia, Priapism a Symptom of.....	663
" No Uncertainty Here.....	636	Leukemic Origin of Priapism .....	1559
Landis, H. C.—"Compend of Obstetrics".	1117	Lewis, F. S.—Surgical Conservatism.....	650
Lanphear, Emory—Delivery in Complicated Labor with Elongated Cervix.....	1422	" LeRoy—"Anatomy and Physiology for Nurses" .....	405
" Foreword .....	47	" Percy G.—The Causes and Treatment of Enuresis.....	929
" Experiences with Hyoscine Hydrobromide and Morphine Hydrochlorate for Surgical Anesthesia.....	911	L'Hardy, A. Z.—Anise as a Galactagogue....	509
" The Best Method of Fixation of Wandering Kidney.....	769	Liell, Edward N.—Case of Cesarean Section Fibromyomata Complicating Pregnancy .....	914
" Medical Treatment of Appendicitis....	1062	Life Insurance Fees.....	812
" Shall the Specialist Pay a Commission to or Divide a Fee with the General Practitioner? .....	22	" in the Philippines, A Doctor's—Thos. E. Moss .....	1465, 1572
" Why do Women Die of Cancer of the Uterus? .....	641	Ligament, Treatment of Abscess of Broad....	60
Larkin, J. C.—Therapeutic Evolution.....	970	Ligaments, Traction of Round.....	1069
LaRoque, G. Paul—Carcinoma of the Stomach, Its Early Diagnosis .....	1189	Light as a General Anesthetic.....	1078
Laryngeal Diphtheria and Membranous Croup, a Diagnostic Remedy.....	1275	" Its Influence in Production of Cancer of the Skin.....	1556
" Syphilis Requiring Tracheotomy.....	66	Lightning Stroke and How to Treat It.....	994
Latent Appendicitis.....	863	Light Wanted—C. N.....	274
Latson, W. R. C.—"Walking for Exercise and Recreation" .....	1118	Lime Water in Warts .....	928
Laumonier—"New Methods of Treatment" .....	973	Linn, Thomas—Treatment of Chorea.....	252
Lawrence, Edw. K.—Technic of Dressing the Cord.....	1188	" — The Therapeutic Indications of Strychnine .....	831
" F. F.—Intraperitoneal Tuberculosis....	921	Linnard, F. M.—Another Success in Whooping Cough.....	
Lawsuit for an Accident.....	1068	Liquid Medicine vs. Alkaloids not the Question .....	731
Leaky Bladder and Supposed Spermatorrhea—T. W. W. ....	978	" Preparation of Iodoform.....	662
Lecithin, Overdosage of Impossible—S. H. B. ....	842	Liver, Enlarged—J. E. W. ....	1477
"Lectures on the Actions of Medicine"—By Thomas Lauder Brunton.....	703	Lloyd Goes Abroad, Professor .....	590
Lectures on Nursing.....	1366	" Library, The.....	1496
"Lectures on Tropical Diseases"—By Sir Patrick Manson.....	705	Lobdell, Effie L.—Baby Incubators.....	1239
Le Fevre, E.—"Physical Diagnosis".....	253	Local Conditions and General Health, The Relation of.....	1215
Leffman, H.—"A Compend of Medical Chemistry, Inorganic and Organic, Including Urinary Analysis" .....	258	" Use of Nuclein and Aconitine—E. M. T. ....	1122
Leg, Swelling of the.....	1323	Location, Good.....	1591
Lemire, W. A.—Calx Iodata in Pyosalpinx..	1234	Lochia, Prolonged.....	786
		Locke, J. F.—The Evolution of an Idea.....	531
		Lockwood, R. M.—"Skiascopy Without the Use of Drugs".....	1118
		Locomotor Ataxia in Childhood.....	67
		Long Cord—M. B. S.....	1610
		Longevity and Syphilis—By Leonard Weber .....	1332
		Louisiana, Openings in—Fred A. Baker.....	1449
		Lowery, J. H.—Scarlet Fever: A Successful Method of Preventing It.....	1588
		Lumbar Puncture.....	1430
		Lung, Removal of Pin from the.....	201
		Lupus Erythematosus—G. D. S.....	363
		" .....	797

	PAGE		PAGE
Lupus Erythematosus—Treatment of.....	70	Mason, R. D.—Some Advances in the Office	
Lure to the Bottle.....	863	Treatment of Rectal Diseases.....	482
Lusby, J. C.—The Treatment of Pneumonia		—Some Practical Points on the Diag-	
Energetic but Effective.....	527	nosis of Rectal Diseases.....	773
Lusk, Thurston Gilman—Treatment of Lupus		—Some Practical Points Concerning the	
Erythematosus.....	70	Diagnosis of Rectal Diseases.....	1537
Lysol, Internal Use of—John Parr.....	1324	Massage Aphorisms—Dr. Bum.....	1219
		" Baths, Suggestion and Other Treatment	
		Which Should be Rescued from the	
		Quacks—P. W. Ransom.....	1402
		" for Chronic Salpingitis—Kate C. Meed	1431
		" Pelvic.....	348
		" Prostatic, Some Untoward Effects.....	1556
		" and Sexual Excitement.....	493
		"Massage and the Original Swedish Move-	
		ments"—By Kurre W. Ostrom....	406
		Mastitis—J. B.....	1255
		" —Candler.....	889
		Masy, T. S.—Treatment of Pruritus Ani....	925
		"Materia Medica and Therapeutics"—Bx J.	
		Mitchell Bruce—Review.....	1247
		Matter of Business, A.....	1143
		" of Proper Fees—J. R. L.....	1370
		May, Chas. H.—Gonococcus Conjunctivitis..	502
		Mayo, W. J.—Cancer of the Rectum.....	1427
		Mead, Kate C.—Massage for Chronic Sal-	
		pingitis.....	1431
		Measles—Candler.....	748
		Meats, Condemned.....	294
		Mediastinal Carcinoma, Cure of.....	1550
		Medical Education.....	1145
		" Evolution.....	729
		" " The Need for a More Exact	
		Therapy—W. C. Abbott.....	1285
		" Hysteria.....	584
		" Jurisprudence, Witthaus's and	
		Becker's.....	1469
		" Legislation—F. S. F.....	375
		" Practice Laws.....	394
		" Record Visiting List.....	118
		" Societies: Get in: Get Busy.....	588
		" Treatment of Appendicitis—Lanphear	1062
		Medicinal Treatment—Burdick.....	634
		Medicine for Aching Backs and Tired Heads	
		—By J. W. Shook.....	559
		" Study in Biologic—The Role of Drugs	
		in Therapeutics—Joseph Clements..	1407
		" Superstitions in.....	283
		Medicines, How They Act.....	1491
		Melancholia, Biliousness and—W. H. Birch-	
		more.....	606
		"Membranous Croup, Diphtheria not—By	
		Wall, A. E.....	114
		Membranous Croup and Laryngeal Diph-	
		theria, a Diagnostic Remedy.....	1275
		" Dysmenorrhea—K. K. H.....	1127
		"Memoranda of Poisons"—By T. H. Tanner	564
		Meningitis, Cerebral, Report of Case—W. F.	
		Radue.....	1450
		Menorrhagia—E. L. H.....	1375
		" —W. A. Z.....	276
		" Gonorrheal.....	1070
		" in Hemopheliac Girl—W. E. W.....	1122
		Menstrual Period, Convulsions at—F. J....	1475
		Menstruation and Tuberculosis.....	655
		" Vicarious—J. H. B.....	132
		"Mental and Physical Culture"—By Au-	
		mond C. David.....	1364
		Mercurial Inunctions in Children.....	796
McCartey, John R.—Pneumonia an Abortable			
Disease.....	517		
McConaughy, D. S.—Couldn't Go Back to			
Tinctures.....	1584		
McCrudden, Francis H.—"Uric Acid; Its			
Chemistry, Physiology and Pathology			
and the Physiological Purin Bodies"	1250		
McCurdy, S. L.—"Anatomy in Abstract"...	258		
McNaughton, James Garvie—Syphilis Fol-			
lowing the Bite of a Human Being..	360		
McPhail, J. A.—The Physician and Dentist..	766		
Mac Farlane, Catherine—Radium Treatment			
of Cancer.....	1548		
MacLean, J. D.—Can Pneumonia be Aborted	386		
Mahood, C. F.—Intestinal Antiseptics in the			
Treatment of Typhoid Fever.....	1172		
Making Rapid Progress.....	378		
Malaria.....	293		
Malaria in Italy.....	1575		
Malarial Chills—Bradley.....	707		
Malignancy and Fibroids.....	655		
Ma' ant Deciduosyncytioma, With Report			
of Case—Deweese.....	905		
Mallory, J. N.—Case of Pneumonia.....	1458		
Malone, Jos. W.—Pneumonia: Its Treatment,			
Prevention and Abortion.....	521		
Mammary Abscess—J. E. H.....	1255		
" Syphilis Smulating Cancer of the Breast	68		
Management o. Skin Diseases, Some Hints for			
the—W. T. Thackeray.....	1467		
"Man and His Poisons"—P. Albert Abrams	704		
Mandhle, D. B.—Case of Renal Calculus in a			
Child.....	1439		
"Manna" From Harvard.....	992		
Mansfield, Cassius Dudley—Gunshot Wounds			
and a Mountaineer's Method of			
Treating Same.....	198		
Manson, Patrick—"Lectures on Tropical			
Diseases".....	705		
"Manual of Bacteriology"—By H. N. Wil-			
liams.....	564		
"Manual of Chemistry, A Guide to Lectures			

	PAGE		PAGE
Mercury in the Body, Ultimate Localization of .....	1078	Moseley, H. A.—Gunshot Wound of Venterbra .....	1548
“ in Late Manifestations of Syphilis, the Relative Value of Iodine and.....	929	Moss, Thos. E.—A Doctor's Life in the Philippines .....	1465
“ by the Rectum.....	506	“ A Doctor's Life in the Philippines.....	1572
“ in Syphilis, Methods of Administering..	501	“ Letter from the Philippines.....	677
“ the Various Methods of Administering.	499	Motor Excitability and Mania, Cicutine in—W. M. K.....	560
Mere Assertion, Poor Proof: Remedy and the Disease .....	1480	Mouse, 'Ware the.....	233
Merrick, S. N.—Calcium Sulphide in Whooping Cough; and Calx Iodata in Degeneration .....	1235	Moynihan, G. A.—“Gallstones and Their Surgical Treatment”.....	562
Metchnikoff, Prof.—Prevention of Syphilis.	1075	Mucous Colitis—T. A. H.....	276
Methylene Blue, Treatment of Gonorrhea in the Female with.....	1557	Muirhead, A. L.—The Pharmacology of Antipyretics .....	35
Metzenbaum, Myron—Kozmarsky's Decapitating Ecraseur.....	54	Multiple Muscular Gummata, with Bullous Onset .....	661
Meyers, Dr., Answer to—By W. F. Radue....	1568	“ Warts, For.....	798
“ I. N.—Half Measure Will Not Cure Typhoid .....	1339	Mumps—Candler .....	887
“ T. L.—The Critic Criticized.....	1359	Muren, G. Morgan—Treatment of Urethral Stricture .....	658
Microbic Invasion, Unknown—J. B. S.....	1477	Muriate of Quinine, in Pneumonia.....	1459
Middle Ear Disease.....	1465	Murphy, John C.—Aseptic Dressing of the Umbilical Cord.....	645
Military Surgeon's Association of America..	1482	“ J. S.—When It Is “Conservative” to Be Radical.....	1423
Miller, H. T.—Combined Extrauterine and Intrauterine Pregnancy.....	1432	Murray, J. T.—Ulcers.....	707
“ Malcolm D.—They Teach the Use of Alkaloids .....	113	Muscles Angioma of.....	346
“Minor and Operative Surgery”—H. R. Wharton.....	257	Muscular Pains—J. M. Shaller.....	391
Mississippi Valley Medical Association.....	1464	Music for Cancer.....	654
Modern Management of Summer Diarrheas in Childhood—Ellis, W. L.....	1170	Mutual Relations of Drugs and the Digestive Organs—J. H. Salisbury.....	445
“Modern Materia Medica and Therapeutics” By. A. A. Stevens.....	406	My Best Case in 1905—M. T. Fulcher.....	244
Modern Method of Treating Diseases of Children—Goe. H. Candler.....	599	My Fight Over Susie P. A Leaf from a Country Doctor's Log Book—Clason	826
“Modern Physio-Therapy”—By Juettner..	973	My First Experience with Alkaloidal Medication—Sweatt .....	1110
Modesty, Energy.....	1150	Mydriatic, Scopolamine a.....	1549
Moles and Cancer.....	1430	Myelitis, Acute, Diffuse General.....	1443
Money to Invest, Help Wanted.....	1276	Myocarditis: Cardiac Hypertrophy—S. D. S.....	120
Monin, E.—Alkaloidal Therapy in Arteriosclerosis .....	318	Myricin—By John Albert Burnett.....	1511
Monkeys and Syphilis.....	498	Myxedema, Infantile, Juvenile Myxedema, Cretinoid Idiocy, Cretinism—Fletcher .....	760
Montgomery, E. R.—He “Jumped in with Both Feet”.....	520	“ Juvenile, Cretinoid Idiocy, Cretinism Infantile Myxedema—Fletcher....	760
Moore, George M.—Infantile Paralysis....	893		
“ W. E.—Surgical Conversation.....	550		
More About Electrotherapy—By. A. C. Sherwin .....	1181		
“ About the Plague—Kulkarin.....	1103		
Morlan, Halford J.—Proprietaries—More Words Emphatic.....	1106		
Morphine Addiction—S. C.....	981		
“ Habit, Hyoscine and the.....	692		
“ Hydrochlorate for Surgical Anesthesia, Experiences with Hyoscine Hydrobromide and—Lanphear.....	911		
“ and Hyoscine Hydrobromide as a General Anesthetic in Country Surgery and Labor—Tinsley Brown....	1540		
Morris, H.—“Essentials of Materia Medica and Therapeutics”.....	258		
“ J. W.—Lesson in Autointoxication..	943		
“ Malcolm—Diet in Skin Diseases.....	796		
Morrow, Prince A.—Eczema of the Hands..	491		
Moschowitz, Eli —“Surgical Suggestions; Practical Brevities in Diagnosis and Treatment” .....	1116		

## N

Nasal Catarrh.....	1082
“ Diphtheria, Simulated by Intranasal Chancre—By J. D. Rolleston.....	1214
“ Dysmenorrhea .....	60
“Nasal Sinus Surgery, with Operation on Nose and Throat”—By Beman Douglass .....	564
Nash, E. A.—Some Random Shots.....	241
National Volunteer Emergency-Service Medical Corps.....	958
Natural Laws of Sexual Life—By Anton Nystrom .....	837
Nature, Back to.....	146
“ of Hemophilia.....	802
Nausea and Vomiting—Fletcher.....	1057
Neal, John Freeman—Experience with Alkaloids .....	1345
Need for a More Exact Therapy: Medical Evolution—W. C. Abbott.....	1285
Neighboring Organs—Pope .....	649

	PAGE		PAGE
Neiswanger, Chas S.—Electro-Therapeutic Practice.....	406	No Day Lost.....	490
" C. S.—Value of Electricity to General Practitioner .....	1515	No Deaths from Pneumonia—A Clean Slate —J. M. Hawk.....	1463
Nephritis, J. O. B. ....	419	Non-Depressant Analgesics in LaGrippe—R. T. G.....	713
" and Bright's Disease, Albuminuria in..	364	" Gonorrheal Urethritis with Numerous Influenza Bacilli.....	660
" Cured by Electricity.....	1597	" Operative Treatment of Carbuncle.....	943
" Decapsulation in.....	785	Noorden, Carl von—"Diabetes Mellitus"....	257
" Syphilitic.....	927	Northcote, Hugh—Christianity and Sex Problems.....	564
Nerve Sedative, A French.....	598	Northern Wisconsin As a Cure for Consumption—W. H. H. Barker.....	1349
Nervous Dysmenorrhœa.....	1552	Noses, Straightening Crooked—A. E. E.....	119
" Headache.....	675	Nostrums and Patent Medicines, Who Manufactures.....	1135
"Nervous and Mental Diseases"—By Archibald Church and Frederick Peterson.....	562	" More About Secret, The Remedy.....	423
Nervous System—Pope.....	649	Not Ready to be Oslerized—Estabrook.....	1114
Neuman, J. K.—Alkaloidal Treatment of Typhoid.....	1569	Nothnagel's Practice.....	118
Neuralgia, Aconitine in Facial and General..	799	Novel Method of Washing the Stomach—Nancy H. Buskett.....	1579
" Castor Oil for: An Emperic Error....	292	No Uncertainty Here—J. R. Landers.....	536
" Trifacial, Surgical Treatment of—B. M. Ricketts.....	1429	Nuclein—E. S. W.....	261
Neurasthenia, Acid Fermentation and.....	1111	" and Aconitine, Local Use of—E. M. T.....	1122
" Action of Cypripedin and Scutellarin—L. W.....	135	" in Albuminuria and Sepsis.....	1138
" of Infancy and Early Childhood—W. H. Birchmore.....	1499	" and Calcium Iodized—C. L. L.....	261
" Nuclein and Lecithin in—L. W.....	125	" in Diabetic Gangrene.....	1580
" Sexual.....	60	" and Lecithin in Neurasthenia—L. W.....	125
"Neurology, Embracing Neuroophthalmology"—A. P. Davis.....	257	" Physiological Action of—R. M. T.....	851
Neuroma of Hand.....	1550	" in Quinsy—J. E. Garner.....	1580
Neurosis, an Obscure—A. F. W.....	123	Nulliparous Uterus, Retroversion of—Charles Rosewater.....	330
" "—V. H. W.....	137	Number, A Good.....	16
" Obscure! Pelvic Origin Probably—F. O. B.....	1474	"Nursing in Acute Infectious Fevers"—Geo. P. Paul.....	1118
" of the Stomach—Burdick.....	634	Nursing, Lectures on.....	1366
"Neurotic Disorders of Childhood"—By B. K. Ratchford.....	256	Nux Vomica, Strychnine and.....	730
Neurotic, A Typical—G. B. M. H.....	134	Nymphomania—E. L.....	574
Newi—A. L. S.....	1260	" —J. H. H.....	415
New Anesthesia—Remarkable Results—C. E. Case.....	1539	Nystrom, Anton—"The Natural Laws of Sexual Life.....	837
" England Alkaloidist.....	400		
"New Field"—By W. H. Burgess.....	563	O	
" Knowledge"—By Robert Kennedy Duncan.....	561	Obstruction of Bowels—W. I. P.....	840
" " Remarks on the—Geo. M. Alysworth.....	373	" of the Ileocecal Orifice and Appendicitis Proper: Treatment—Abbott.....	1029
Newly-Born Intracranial Hemorrhages in—Harry Cushing.....	1432	" Intestinal—I. M. M.....	1474
"New Methods of Treatment"—Dr. Laumonier.....	973	Occipital Pain, Obscure—O. W. H.....	985
New Test for Blood in the Urine.....	1077	O'Gorman, P. W.—How to Cure Cholera.....	465
" Theory of Female Genital Activity....	1551	Ointment for Pruritus Vulvae.....	655
New vs. The Old, The—Torgny Anderson..	1224	Old Age—Arteriosclerosis: How to Prevent It and How To Live With It—By W. C. Abbott.....	1506
Nicholson, C. M.—A Case of Retroperitoneal Teratoma.....	343	" Doctor, The.....	1138
Niederkorn, Jos. S.—"A Handy Reference Book".....	705	" " Justice to the.....	1489
Night Terrors—I. B.....	277	" Question of Dosage—P.....	1123
" "—R.....	408	" Old Question—J. G. W.....	960
Nihilism, To Annihilate Therapeutic. The Question of Dosage—By Robert Peter.....	108	Oldest Tree.....	670
" vs. Positivism, Therapeutic—By C. F. Gilliam.....	1162	Obesity—A. M.....	1121
" Therapeutic—M. B. Stine.....	1361	" Antisyphilitic Treatment for.....	216
Nitroglycerin, A Case of Epilepsy Treated With—L. T. Clason.....	232	" Thyroid Gland in—H. D. Champlin..	452
		Obscure Disorder—Diagnosis Wanted—W. S. W.....	1256
		" Neurosis: Pelvic Origin Probably—F. O. B.....	147
		Obstetrical Retreats.....	655
		" Practice Among the Navajoes—Kru-lish, Emil.....	964

	PAGE
Obstetrics, The Section of—A. M. A. ....	1271
" in the Philippines. ....	494
" Scopolamine in. ....	511
" Sublimate in. ....	512
Obstinate Constipation—E. C. J. ....	987
" Periodical Hemicrania—G. M. ....	1262
" Uleration ....	1076
Olecranon, Fracture of. ....	491
Oncologic Hospital, Report on. ....	1602
One Case Lost in Twelve Years—By Eli Browning. ....	523
" Man's Food—H. M. H. ....	1124
On the Right Track—C. B. ....	819
One of Those Minor Objections—H. A. S. ....	975
" Of Thousand, Another Example. ....	1145
Open Air Dressing—M. T. F. ....	843
Openings in Louisiana—Fred A. Baker. ....	1449
" Some. ....	397
"Operating Room and the Patient"—By Fowler. ....	974
Operations, Backache After. ....	921
" Danger of Delay in—Maurice H. Richardson. ....	1428
" Vomiting After. ....	1550
Operative Treatment of Amebic Dysentery. ....	1201
" of Fractured Patella. ....	1323
Ophthalmic Herpes Zoster in a Child, Case of ....	1558
" Surgery, Dionin in. ....	1549
"Ophthalmoscope, and How to Use It, The" —By Prof. James Throington. ....	1250
Opium, Variations in the Strength of—Wm. J. J. Stapleton, Jr. ....	1570
Opsonins. ....	1485
Optimism. ....	1003
Orchitis—Candler. ....	889
" —J. H. Davis. ....	1368
" or Cancer—L. W. M. ....	1252
Organic Headache—Radue. ....	676
" Phosphorus in Wine. ....	1563
Organism of Syphilis Been Discovered at Last, Has the Specific. ....	61
Oropharynx, Treatment of Syphilis in. ....	1440
Orr Kenyon—"Amor Victor". ....	1116
" "What God Hath (Not) Joined". ....	1117
Osborne, O. T.—"Introduction to Materia Medica and Pharmacology". ....	1118
Osler, William—"Principles and Practice of Medicine". ....	115
Osteopaths, Appendicitis and the. ....	58
Ostrom, Kurre W.—"Massage and the Original Swedish Movement". ....	406
Others, There Are. ....	7
Otitis Media, Chronic Suppurative—G. E. Guinn. ....	183
" " Was It the Result of—W. C. G. ....	1131
Our Relation to the Laity. ....	1492
Outlook, The, A Call to Labor—By Wm. F. Waugh. ....	17
Ovarian Tumor Which in Its Life History Aggregated a Weight of Sixteen Thousand Pounds—Operation and Recovery—Ashby. ....	774
Ovaries and Mental Development. ....	922
" Transplantation of. ....	1552
Ovaritis—J. M. J. ....	1610
Ovary, Carcinomatous Papilloma of. ....	1430
" Sarcoma of the. ....	1069
Overall's "Prostate Gland and Adnexa"— By Dr. Geo. Whitfield Overall. ....	1602

	PAGE
Overdosage of Lecithin Impossible—S. H. B.	842
Over-Treatment of Syphilis.....	1560
Owings, Thos.—Dysmenorrhea.....	1193
Oxycamphor .....	1338

**P**

Padfield, J. H.—Two Day Pneumonias.....	389
Pain—Fletcher .....	1057
" —Pope.....	647
Painful Glandular Swelling in Syphilis.....	1558
Palier, E.—'Ware the Mouse.....	233
Pallida, Spirochaeta, in Congenital Syphilis.....	1561
Pallidum, Treponema and Dr. Schaudinn....	1213
Papilloma, Circinomatous, of Ovary.....	1430
Parasite, A New Intestinal—G. W. French..	100
Paresis and Antisyphilitic Treatment, General .....	502
Park, W. H. and Anna W. Williams—"Pathogenic Microorganisms, Including Bacteria and Protozoa".....	256
Paralysis, Infantile—Moore.....	893
Parotitis—Candler .....	887
" Cellaic or Splanchnic (Slocum)—W. A. Newman Dorland.....	333
" Deafness Following—J. N. S.....	122
" Following Abdominal and Pelvic Operations—Clarence D. Selby.....	1198
Paraffin Injections, Caution with.....	1219
Parr, John—Internal Use of Lysol.....	1324
Parsons, J. G.—Scopolamine a Mydriatic ..	1549
Parturition, Drugs Facilitating—G. A. B....	1125
Pass the Good Word Along; Use It and Welcome .....	1489
Patella, Fractured, Operative Treatment of..	1323
Patent Medicines, A Druggist's Opinion of..	823
"Pathogenic Microorganisms, Including Bacteria and Protozoa"—By W. H. Park and Anna W. Williams.....	256
Patient, The Elderly.....	285
Paul, George P.—"Nursing in Acute Infectious Fevers".....	1118
Paxton, E. G.—Some Field Notes.....	1579
Peculiar Brain Tumor.....	1068
" Dermatitis—J. W. S.....	987
"Pediatrics, Carr's Practice of"—W. L. Carr .....	1470
Pelvic and Abdominal Operations, Parotitis Following—Clarence D. Selby....	1198
" Abscess Involving the Ilio-Psoas Muscle, Puerperal Infection Resulting in a Left-Side—Watkins.....	900
" Diseases in Women, Important as a Causative Factor in Insanity—W. O. Henry.....	1183
" Massage .....	348
Pemphigus, Acute Septic.....	505
" Etiology of Acute.....	663
Pepsin—Burdick .....	635
Perforation of Stomach and Duodenum ....	1067
" Typhoid Intestinal.....	1443
Perineum, Immediate Repair of.....	59
" Prevention of the Laceration of the Cervix and—Charlton.....	652
Periodical Hemiplegia—G. M.....	1262
Peristalsis—Hypodermic to Reverse.....	346
Peritonitis, Chronic Pelvic.....	922

	PAGE		PAGE
"Perjury for Pay, An Expose of the Methods and Criminal Cunning of the Modern Malinger"—By Willis P. King.	1249	Placenta Previa, A Case of—H. H. Hooker.	1425
Perkins, A. J.—Auto-Deception.	181	" Retained—Alkaloids—By J. W. Sum-	1584
Perineorrhaphy, Note on.	655	mer	1584
Personal Experience, A—A. H. S.	1583	Pleasant Medication—Jones.	963
Personality in Journalism.	719	Pleural Effusions in Children.	784
Pertussis, Calcium Sulphide in—C.	681	Pneumonia—J. M. Shaller.	391
" —Crawford.	883	" an Abortable Disease—By John R. Mc-	
" —By W. T. Jones.	1234	Cartey	517
" Spasmodic Cough or—C. R. D.	127	" Aborted; Capillary Bronchitis—A. T.	
Perversity—W. B. R.	422	Dobson	1462
Peter, Robert—To Annihilate Therapeutics		" Be Aborted, Can—J. D. MacLeah.	386
Nihilism, The Question of Dosage.	108	" Another Man Aborting—By Vere V.	
Peterson, Frederick and Archibald Church		Hunt	533
"Nervous and Mental Diseases"	562	" The Alkaloids in—Frederick F. Lemon	534
" E. W.—Inguinal Hernia in Young Chil-		" Asclepidin and Other Good Remedies	
dren	1201	—John Albert Burnett.	388
Pfahler, G. E.—Cure of Mediastinal Carcin-		" Autotoxemia—K. V.	525
oma	1550	" Complicating—Alfred S.	
Petty, Geo. E.—The Dosage of Sparteine.	539	Hubbard	1461
" George E.—Extravagant Claims for Hy-		" Case of—J. N. Mallory.	1458
oscine in the Treatment of Drug		" A Desperate Case Cured—James	
Addictions	321	Thompson	382
Pharmacist's Opinion on the Physician and		" Diphtheria and Influenza—Schwarz.	682
Proprietary Remedies.	1383	" The Delirium of J. N. M.	387
Pharmacology of Antipyretics—By A. L. Muir-		" Dosimetric Jugulation of—Dr. Berchon	384
head	35	" Experience	379
Pharmacy Away Ahead.	560	" Fly-Blisters and the Kidneys In.	367
Phelps, J. R.—The Thing That Does It.	94	" Germicidal Treatment of—H. C. How-	
Philippines, A Doctors Life in the—Thos. E.		ard	242
Moss	1465, 1572	" Again: Marshall Field.	282
Phillips, Wm. Carbuncles and Diabetes.	958	" No Deaths from; A Clean Slate—J. M.	
" Wm. E.—Twenty-two Cases of Pneu-		Hawk	1463
monia Without a Death.	387	" Quinine Muriate in.	1459
"Philosophy of Life"—By Chas. Gilbert		" A Remarkable Paper on.	1495
Davis	1365	" and Still	1144
Phimosis and Stone.	508	" A School of Therapeutics—W.	
Phlebitis After Abdominal Section.	920	D. Christy	92
Phlegmons of the Hand, Acute.	489	" Temperament and Diathesis in—C. S.	
Phosphaturia—F. G. H.	570	Pixley	392
Phosphorus, Organic, in Wine.	1563	" The Treatment of—W. C. Abbott.	306
Phthisis—H. A. S.	975	" Treatment—E. S. Jones.	388
" Hemorrhoids—C. E. M.	1475	" of—C. F. Gilliam.	455
" Results in a Case of—By Sara R. Chase	1593.	" " —L. J. Coberly.	1460
"Physical Diagnosis"—By E. Le Fevre.	258	" " —Energetic but Effec-	
"Physical Examination of Infants and Young		tive—By J. C. Lusby.	527
Children"—By T. W. Kilmer.	703	" Its Treatment, Prevention and Abortion	
Physician and the Dentist—McPhail.	766	—Jos. W. Malone.	521
Physician's Ideals.	806	" Two-Day—J. H. Padfield.	389
Physician or Physicians.	144	" Typhoid Fever Complicated With—By	
" and Proprietary Remedies, A Pharma-		W. F. Radue.	94
cist's Opinion.	1383	" What of this Case of—F. C. Hagar.	524
"The Physician's Interpreter"—By M. Von V	1364	" Without a Death, Twenty-two Cases of	
Physician's Protective Accountant.	118	—William E. Phillips.	387
" Visiting List.	118	Pneumonias, One-Day.	9
Physician is and Should be the Sole Judge, The	1384	" The—Woodbridge Hall Birchmore.	297
Physiological Action of Nuclein—R. M. T.	861	"Pocket Encyclopedia Medical Dictionary"	
Physiologic Study of Formic Acid and the		By C. W. Taber.	1117
Formates of Quinine.	1079	Pogue, G. R.—Fresh Air and Rest in Pulmon-	
Piles—E. E. P.	412	ary Tuberculosis.	251
Pilocarpine in Croup—W. F. Waugh.	1151	Point of View.	736
" and Gelseminine in Yellow Fever—		"Polk's Medical Register and Directory of	
Dumas	1087	North America".	1364
Ptyriasis Rubra—J.	848	Pollock, H.—Cure of an Old Traumatic Stric-	
Pixley, C. S.—The Best Post Graduate a Study		ture of the Esophagus by Thiosin-	
of the Alkaloids.	111	amine	
" C. S.—Temperament and Diathesis In		" W. J.—Cholera Infantum.	757
Pneumonia: Which Leads?	392	Polypharmacy, State-Board.	1496
		Pons Asinorum Once Crossed, the Road is	
		Clear—W. G. M.	140



	PAGE		PAGE
Ponticin .....	1220	Priapism of Leukemic Origin.....	1559
Poor Treatment of Typhoid—H. J. W. ....	1447	"    A Symptom of Leukemia.....	663
Pope, Curran—Endometritis 339, 486, 646, 779, 915		Price, M. G.—Baby Saved with Calx Iodata .....	1588
"    —Treatment of Endometritis 1184, 1320		Priestly, F. G.—Cerebrospinal Meningitis..	809
Porter, Wm.—Pulmonary Tuberculosis: A Clinical Study.....	38	"Principles of Heredity with Some Applications"—By G. Archdale Reid.....	115
Positive Proof of the Variability, Hence Unreliability of the Galenics, A.....	1266	"    and Practice of Medicine"—By William Osler.....	115
"Possible Pyelitis Complicating Cystitis"—G. W. C.....	710	Privileges of the Druggist.....	1147
Post-Graduate, A Study of the Alkaloids The Best—C. S. Pixley.....	111	Procreative Organs, The Effect of the X-Ray on .....	208
Post-Operative Cathartic—Fletcher.....	1058	"Progressive Medicine".....117, 962,	1470
"    Operative Shock.....	1070	Prolapse of Bladder.....	1204
"    Operative Treatment—Fletcher.....	1056	"    of the Bowel in Children Due to Summer Diarrhea—Mason.....	1060
"    Partum Hemorrhage .....	923	Prolonged Lochia.....	786
"    Partum Hemorrhage, Turpentine For.....	206	Proper Fees, Matter of—J. R. L. ....	1370
"    Partum Medley—A. H. E.....	278	"    Use of Aconitine—M. U. S.....	849
"    Pneumonic Affection of the Lungs—C. E. E.....	579	Proposed Wholesale Extirpation of Spleens —W. H. D.....	986
Potassium Iodide Salve, Absorption of.....	1564	Proprietaries—More Words Emphatic—Morlan .....	1106
Potter, Prof. S. O. L.—"Compend of Materia Medica".....	1602	Proprietary Remedies, and Physician, A Pharmacist's Opinion.....	1383
Powell, Horace R.—Some Pointed Paragraphs .....	967	Prostatectomy, Indications for.....	922
Powers, A. C.—The Future of Surgery.....	1069	"Prostate Gland and Adnexa"—By Geo. Whitfield Overall.....	1602
"Practice of Gynecology"—J. Wesley Bovee .....	1249	Prostate, Hypertrophied, and Stone.....	1546
"    of Medicine"—By James M. Anders..	115	Prostatic Albuminuria.....	1078
Practice and Theory.....	426	"    Hypertrophy, the Treatment of.....	657
"Practical Medicine Series of Year Books".....	1363	"    Massage, Some Untoward Effects.....	1556
"    Treatise on Sexual Disorders in the Male and Female"—By Robert W. Taylor.....	117	"    Operation, Cases of—Wm. T. Belfield .....	475
Prairie Itch Formula.....	235	Prostatitis, Acute and Its Treatment.....	68
Pregnancy, Cough of.....	924	Prostatorrhea, Or Diabetes Insipidus, Cystitis .....	840
"    Extra-Uterine: Pathology, Diagnosis and Treatment—A. H. Cordier....	187	Prostitution and Venereal Disease, The Control of.....	505
"    Fibromyomata Complicating; A Case of Cesarean Section—Liell.....	914	Prurigo and Intestinal Disturbances.....	1558
"    Intrauterine and Extrauterine Combined—H. T. Miller.....	1432	"    Turpentine in.....	666
"    Psychoses of—Mary S. Johnstone.....	1325	Pruritis Ani, Treatment of.....	925
"    Tubular, with Recovery—Two Cases—L. Etta Farmer.....	1426	Pruritus—W. F. Radue.....	91
"    Vomiting of—J. Whitridge Williams..	1203	"    Anal .....	1562
Prejudice or Duty.....	1493	"    of Feet—J. F.....	569
Preliminary Preparation and Post-Operative Treatment for Abdominal Section —Fletcher .....	1053	"    Vulvae .....	202
"    Program, Tri-State Medical Society..	552	"    Ointment for.....	655
Prenatal Influence; Intrauterine Amputation —J. O. McQ.....	1130	Pryor, John H.—The Coexistence of Syphilis and Pulmonary Tuberculosis.....	1211
Pre-Operative Disinfection of the Patient—Fletcher .....	1054	Pseudo-Leukemia, Case of—L. B. D.....	1258
Prescription Abuses—C. W. H.....	1582	Psoriasis—W. F. Radue.....	91
"    To Whom Does it Belong?.....	143	"    —Lindsay Vinson.....	1604
"Prescription Writing and Pharmacy. A Text-Book"—By Bernard Fantus..	837	"    —J. D. D.....	1604
Preventing Tuberculosis, Useful Rules for..	1350	"    —J. D. D.....	1472
Prevention of the Laceration of the Cervix and Perineum—Charlton.....	652	"    Cause of.....	1561
"    of Syphilis.....	1075	"    —R. J. Wenzel.....	1604
"Preventive Medicine"—By Wm. C. Cooper	403	"    The Treatment of.....	63
Preventive Medicine and the Ordinary Practitioner—Swan .....	696	"    Treatment of—P. S. Abraham.....	1331
Previas, Placenta, A Case of—By H. H. Hooker .....	1425	"Psychic Phenomena in the Light of the Bible"—Sowerby .....	970
		Psychoses of Pregnancy—Mary S. Johnstone .....	1325
		Pterygium—Hendershott, Z. W.....	1368
		"    Can It Be Cured Without the Use of Knife?—V. P. S.....	1471
		"    Treatment for—J. H. Davis.....	1368
		"    Treatment of—D. D. H.....	1257
		Ptyalism of Pregnancy—L. R. D.....	572
		Pudendal Hematocele.....	785
		Puerperal Autotoxemia—Fretz J. F.....	1354
		"    Eclampsia, Chloroform in.....	350

	PAGE
Puerperal Infection Resulting in a Left-Side Pelvic Abscess—Watkins.....	900
“ Insanity, Thyroid Gland in—H. D. Champlin .....	452
“ Sepsis, Calcium Sulphide in—Bob-bitt, F. S.....	1359
Puerperium, Gonococcus in.....	503
Pulmonary Embolism Following Operation..	654
“ Tuberculosis: A Clinical Study—Wil-liam Porter.....	38
“ “ and Syphilis Coexistence of—J. H. Pryor.....	1211
Puncture, Lumbar.....	1430
Pure Water Journal and Chicago Clinic....	1591
Purity Rather Than Price.....	296
“ of Urotropin or Formin.....	1565
“Pushing for Business”—Shaller.....	1083
Puzzling Case; Is It Hysteria?—L. W. C...	1129
Pyloric Stenosis, Surgical Treatment of—A. L. Blesh.....	1200
Pyosalpinx, Calx Iodata in—W. A. Lemire	1234
Pyuria, Arbutin in—F. Cathelin.....	1217
“ “ “ “.....	1335

## Q

Quackery, Dope for.....	1387
Quacks, Massage, Baths, Suggestion and other Treatment Which Should be Rescued from Them—P. S. Ransom.....	1402
A Question of Cost—L. J. Spickard.....	1451
“Quick and Easy Anatomy Methods”—By E. Victor Frederick.....	563
Quincke's Disease—H. J.....	262
Quinine Muriate in Pneumonia.....	1459
“ and Hemoglobinuria.....	1444
Quinsy, Nuclein in—J. E. Garner.....	1580

## R

Rackmaninoff, J. M.—Case of Ophthalmic Herpes Zoster in a Child.....	1558
Radasch, H. E.—A “Compend of Histology”	563
Radical and Conservative Therapeutics—W. M. Sanger.....	1412
“Radical” When it is Conservative to be—J. S. Murphy.....	1423
Radium Treatment of Cancer.....	1548
Radius, Fractures of Head of.....	1198
Radue, W. F. —Answer to Dr. Meyers.....	1568
“ —A Report on a Case of Chorea on a Five Year Old Girl.....	1239
“ —Headaches Their Classification and Treatment.....	673
“ —More Skin Diseases.....	91
“ —Report on a Case of Cerebral Meningitis.....	1450
“ —Spinal Irritation: Causes, Symptoms and Treatment.....	1092
“ Three Cases of Chronic Catarrhal—Bronchitis.....	399
“ —Tobacco, Its Effects on the Hu-man System and Its Treatment....	965
“ —Typhoid Fever Complicated With Pneumonia.....	94
Rainy H. and R. Hutchinson—“Clinical Methods”.....	258
Random Shots, Some—E. A. Nash.....	241

Ransom, P. S.—Massage, Baths, Suggestion and other Treatment Which Should be Rescued from the Quacks.....	1402
Rare Complication of Gonorrhea.....	665
Ratchford, B. K.—“Neurotic Disorders of Childhood”.....	256
Rather, S. S.—Human Hair in the Stomach..	1113
Rationale of Intestinal Antisepsis—Geo. H. Candler.....	1347
Read, No Time To.....	12
Real Greatness, Success the Test.....	1277
“ Men, Shams and Fools.....	858
Recognition, Is This.....	295
Rectal Diseases, Some Practical Points on the Diagnosis of—Mason.....	773
“ “ Some Practical Points Concerning the Diagnosis of—R. D. Mason....	1537
“ “ Some Advances in the Office, Treatment of—R. D. Mason.....	482
“ Fissure, Hemorrhoids and.....	1547
“ Polypi in Children.....	919
“ Stricture, Gonorrheal Infection Causing	1558
“ Tuberculosis—R. D. B.....	567
Rectum, Cancer of—W. J. Mayo.....	1427
“ Fistula of the—Drueck Chas. J.....	193
“ and Sigmoid, Importance of Early Diag-nosis in Cancer of—R. D. Mason..	1316
“ Treatment of Non-Malignant Strictures of.....	345
“ Ulcer of—E. L. M.....	1605
Redard—Light as a General Anesthetic.....	1078
Reed, D. W.—Diet in Typhoid Fever.....	1342
“Reference Hand-Book of the Diseases of Children”—Ferdinand Fruehwald..	1116
Reflex Anuria, A Case of Complete—F. Zuc-cala.....	1211
Reid, G. Archdale—“The Principles of Hered-ity With Some Applications”.....	115
Reiterman, C.—Therapeutic Verities.....	112
Relation of General Health and Local Condi-tions, The.....	1215
“ to the Laity, Our.....	1492
Relative Value of Iodine and Mercury In Late Manifestations of Syphilis.....	929
Relaxation of Uterus During Curettage.....	1326
Remarkable Paper on Pneumonia.....	1495
“ Results with the New Anesthesia—C. E. Case.....	1539
“ Statement from a Great Authority....	725
Remedy and the Disease; Mere Assertion, Poor Proof.....	1480
“ in Epilepsy—Solanine as a —W. C. Abbott.....	1391
Remedies, Proprietary, and Physician, A Pharmacist's Opinion.....	1383
Remeses II, Heart of.....	1337
Remete, E. Dr.—Thiosinamin in the Treat-ment of Urethral Strictures.....	67
Removal of the Sutures—Fletcher.....	1059
“ of Tattoo Marks from the Skin.....	796
Renal Calculi, Sodium Succinate and—F. J. M.....	1254
“ Calculus in a Child—D. B. Mandhle..	1439
“ Tuberculosis, Treatment with Guaiacol —Max Schuller.....	1439
Repeating Prescriptions, Danger of—Ignatz Weiss.....	1210
Report on a Case of Cerebral Meningitis—W. F. Radue.....	1450

	PAGE		PAGE
Report, Oncologic Hospital.....	1602	Rules for Preventing Tuberculosis.....	1350
" Query—M. F. C. ....	364	Rump, J. M.—How He Has Done It.....	1594
" Sparteine in Large Doses—A. S. Fulcher	1357		
" of Wellcome Research Laboratories ...	1601	<b>S</b>	
Results in a Case of Phthisis—Sara T. Chase	1593	Sabouraud, Prof.—Anal Pruritus.....	1562
Retained Secundines; Sepsis—W. A. S.....	845	Sachs, B.—"A Treatise on the Nervous Dis-	
Retroversion of the Nulliparous Uterus—		cases of Children".....	256
Charles Rosewater.....	330	Safe Local Anesthesia.....	865
"Reverse of the Medallion." Why One Child		Sahli, H.—The Nature of Hemophilia.....	802
Died—O. A.....	1097	Saline Transfusion—C.....	710
Rheumatic Iritis—H. H. K.....	1125	Salisbury, J. H.—Mutual Relations of Drugs	
Rheumatism—E. S. W.....	259	and the Digestive Organs.....	445
" —G. A. Harman.....	372	Salpingitis, Massage for Chronic—Kate C.	
" Gonorrheal.....	1550	Mead.....	1431
" —F. L. C.....	1476	Salutatory Foreword—Wm. J. Robinson...	61
Rheumatoid Arthritis.....	870	Salve, Potassium Iodide, Absorption of ....	1564
" —D. C. M.....	952	Sanders, John C.—Right Living for the Phy-	
Rhu, Auguste—Surgery in Acute Abdominal		sician.....	113
Lesions.....	1542	Sanger, W. M.—Conservative and Radical	
Rice, May Cushman—Static Electricity in		Therapeutics.....	1412
Therapeutics.....	249	Sapremia: A Case—William F. Waugh....	172
Richardson, Hubert—Hepatic Therapeutics	1156	Sarcoma of the Ovary.....	1069
" Maurice H.—Danger of Delayed Opera-		Scabies or Itch—By W. F. Radue.....	91
tions.....	1428	Scalds, Treatment of Burns and—W. McI..	979
Ricketts, B. Merrill—Surgical Treatment of		Scarlatina—Geo. H. Candler.....	600
Trigacial Neuralgia.....	1429	" —Candler.....	751
Riebold, Geo.—Treatment of Acute Arthritis		" A Successful Method of Preventing	
with Intrav. Injec. of Collargol....	1562	It—J. H. Lowery.....	1588
Right Living for the Physician.....	113	" The Treatment of.....	369
" Word in the Right Place, The—J. W. F.	1264	Scars on Face and Angeworm Oil—W. J. L.	1123
Rigid Os, Caulophyllin in—J. H. Demarest	1603	Schamberg, J. F.—A Compend of Diseases	
"Rigid Os", " —W. J. S.....	1255	of the Skin.....	562
Ringworm of the Nails.....	797	Schaudinn and Treponema Pallidum.....	1213
Ritter, E. W.—Vicarious Menstruation....	407	Schmauss, L. F.—A Word Regarding Surgi-	
Road, From the—One of the Boys.....	253	cal Conservatism.....	1064
Robb, Hunter—A Case of Multiple Gesta-		Schmidt, Adolph—"Test-Diet".....	1117
tion, Ectopic and Intrauterine....	902	Schnauss, F. W.—This Brother Is Ready to	
Roberts, Ellis G.—The Ways of a Woman..	402	Help.....	1344
Robinson, J. Wirt—Incompatibilities in Drug		" From One of the Medical College	
Preparations on the Market.....		Boys.....	680
" Wm. J.—How to Study Dermatology		Schnell, Frederick J.—Calcium Sulphide in	
and Venereal Diseases in Europe	1433	Scabies.....	969
" Salutatory Foreword.....	61	Schuller, Max.—Guaiaicol in the Treatment	
" W. J.—The Treatment of Gonorrhea		of Renal Tuberculosis.....	1439
and Its Complications. 1070, 1205,	1327	Schwarz, S. G.—Diphtheria, Pneumonia	
Rockwell, W. A.—"Dissecting Manual Based		and Influenza.....	682
Upon Cunningham's Anatomy"....	116	Sciatica—W. G. H.....	1125
Rockwood, E. W.—"Laboratory Manual of		Sclerosis of the Prostate—Wm. T. Belfield..	475
Physiological Chemistry".....	564	Scoliosis.....	782
Rogers, J.—Antigonococcus Serum in Gon-		Scope of Surgery in the Treatment of Gastric	
orrheal Rheumatism.....	500	Indigestion—Ground.....	1049
Role of Drugs in Therapeusis—A Study in		Scopolamine in Anesthesia.....	1336
Biologic Medicine—By Joseph		" Anesthesia for Hernia.....	1342
Clements.....	1407, 1508	" Another Death From.....	490
Rolleston, J. D.—A Case of Intranasal		" " ".....	1548
Chancr Simulating Nasal Diphter-		" vs. Hyoscine.....	1381
ia.....	1214	" Impurities.....	510
Rosacea—A. T. Botts.....	408	" Morphine Anesthesia.....	783
" —E. S. S.....	279	" a Mydriatic.....	1549
Rosewater, Charles—Retroversion of the		" in Obstetrics.....	511
Nulliparous Uterus.....	330	" A Physiological and Clinical Study 217,	365
"Rotation of Scopolamine.....	655	" The "Rotation" of.....	655
Rouget—Hemoptysis Treated with Amyl		Scrap Heap.....	584
Nitrite Inhalation.....	802	Scrotal Tongue.....	664
Roulet, Alfred de, The Diagnosis and Treat-		Scutellarin, Cypripedin; Neurasthenia—L. W.	135
ment of Cystitis in Women.....	476	Seamen, The Health of Our.....	1490
Rounder, "A.....	150	Seaweed or Iodine.....	1498
Ruhrah, John—"A Manual of Diseases of		Seborrhea or Dandruff—W. F. Radue.....	91
Infants and Children".....	255		

	PAGE		PAGE
Seborrhea Comp. Sulphur Lotion for.....	798	Smith, H. W.—Alkaloids Against Galenicals	1222
Section of Obstetrics, The—A. M. A.....	1271	“ R. J.—Active-Principle Therapy.....	1033
Sectarianism, Medical.....	291	“ —Diarrheas, Treatment of Summer....	891
Selby, Clarence D.—Parotitis Following		“ Had His Stomach Shrunk, When—	
Abdominal and Pelvic Operations	1198	Nancy H. Buskett.....	81
Selective Absorption by the Cell—Wm.		Snake-bite, Wanted a Tablet Cure: Echinacea	
F. Waugh.....	314	—J. M. C.....	1257
Self Limited Disease—H. C. Buck.....	1596	Snyder, John J.—“Glad Tidings, How to	
“ Preservation: The Doctor's Duty....	737	Obtain Happiness and Health”....	706
Senile Tremor—T. H. W.....	1129	Soap, Novel Method of Washing the Stomach	
Septic Infection with Recovery—W. D. E..	1089	With—By Nancy H. Buskett.....	1579
Sepsis and Albuminuria, Nuclein in.....	1138	Society of Sanitary and Moral Prophylaxis..	797
“ Retained Secundines—W. A. S.....	845	Sodium Cacodylate Injections—L. B. D....	984
Septicemia, Gonorrheal, and Endocarditis..	1555	“ Succinate and Recurrent Cholelithiasis	
Several Things: Caulophyllin; Green Apomorphine; Calx Iodata—Dodson..	813	—A. P.....	569
Severe Third-Degree Burn Affecting Face—		“ “ and Renal Calculi—F. J. M... 1254	
R. D. B.....	976	Sokhatsky, T. B.—Antisyphilitic Treatment	
“ Case of Gallstones Cured—Jewell....	1099	for Obesity.....	216
Sexton, J. C.—Another Death From Scopalamine	490	Solanine.....	1390
Sexual Irritation, Symptoms of.....	1070	“ In Epilepsy.....	13
“ Neurasthenia.....	60	“ A Useful Remedy in Epilepsy—W. C. Abbott	1391
“Sexual Neurasthenia”—By Geo. M. Beard and A. D. Rockwell.....	255	Sole Judge, The Physician Is and Should Be	1384
Schacklette, W. J.—Experience with Calx Iodata	247	“Something to be Thankful For,” Still....	75
Shaller, J. M.—Abortion of Acute Febrile Diseases	462	Somnoform—E. C. J.....	987
“ —“Pushing for Business”.....	1083	So Say We All of Us: Everybody Investigate	
“ —Some Useful Hints.....	391	—T. A.....	701
Shattered Idols.....	1263	Souder, C.—Suggestions in the Care of Hernia	1191
Shedding Nail, To Protect a.....	1082	Soul Toxins.....	1140
Shelton, W. L.—What One Dose of Apomorphine Did.....	1240	Sowerby, J. H.—“Psychic Phenomena in the Light of the Bible”.....	971
Sherwin, A. C.—More About Electrotherapy	1181	Sparteine, The Dosage of—By Geo. E. Petzey	539
Shock—Fletcher.....	1056	“ Report on Large Doses—Fulcher, A. S.	1357
“ Treating.....	1487	Special Exercises for Spinal Deformities—Bemus, W. M. ....	1417
Shook, J. W.—Medicine for Aching Backs and Tired Heads.....	559	Specialists, Do They Fail and Why?.....	1498
Should Quarantine be Established Here—Subscriber	980	“ Shall They Pay a Commission to or Divide a Fee With the General Practitioner?—Emory Lanphear.....	22
Sick, Remedial Management of the—Thomas H. Leonard.....	174	Sperma of the Husband.....	1552
Side Effect of Urotropin.....	1220	Spermatorrhea, Leaky Bladder and Supposed	
Sigworth, Harry W.—Atropine as a Hemostatic	1355	—T. W. W.....	978
Silvers, Elihu B.—Cannabis in Delirium Tremens.....	1262	Spickard, L. J.—A Question of Cost.....	1451
“Simple Life” and Cancer.....	1385	Spider Bite—F. P.....	262
Simon, W.—“Manual of Chemistry, a Guide to Lectures and Laboratory Work”	117	Spinal Abscesses.....	491
Skeel, R. E.—Fistula Following Operations for Appendicitis.....	346	“ Deformities, Special Exercises for—W. M. Bemus.....	1417
Skeletal Defects, Congenital.....	937	“ Irritation; Causes, Symptoms and Treatment—Radue.....	1092
“Skiascopy Without the Use of Drugs”—By R. M. Lockwood.....	1118	“The Spiritual Attitude Toward Old Age”—By Felix Adler.....	835
Skin, The—What It Tells Us.....	1149	Spirochæta Pallida.....	61
“ Diseases, More—W. F. Radue.....	91	“ Examination for.....	1562
“ “ Diet in.....	796	“ “ in Congenital Syphilis.....	1561
“ “ Constitutional Treatment of..	354	“ “ in the Tissues.....	666
“ “ Some Hints for the Management of—W. T. Thackeray.....	1467	“ “ Simple Method for Demonstrating the.....	931
“ The Status of X-Rays in Diseases of the	503	Spleen, Enlarged.....	1607
Skull, How to Disarticulate—W. H. H. Barker	1351	Spleens, Proposed Extirpation of—W. H. D.	986
Smith, A.—Contagiousness of Cancer.....	344	Splenomegaly, Case of—A. Weaver.....	1524
Smith, E. B. Clinic Day at the Emergency Hospital.....	1195	Spohn, Arthur E.—An Enormous Tumor..	494
		Spooner, Henry G.—Non-Gonorrheal Urethritis.....	65
		Sprained Ankle.....	920
		Springtime in Louisiana—Wm. F. Waugh...	221
		“Square Deal”—Is This Man Getting It....	549
		Stand by Colliers.....	1390
		Standardization, Fallacy of.....	1387
		Standardizing and Assaying.....	1486

	PAGE		PAGE
Stapleton, Wm. J.—Variations in the Strength of Opium.....	1571	Students Tough Citizens, Are Medical.....	288
Starch in Diarrhea.....	938	Sublimate .....	234
Startin's Lotion.....	797	"    in Obstetrics.....	512
Startling State of Affairs, and Three Questions	855	Subperiosteal Fracture.....	1430
State Analysis of Drugs, Some Interesting... 1379		Substitution Evil, Cure for—By Edw. A. Tracy .....	1221
"    Board Examinations.....	1273	Subtropical Dysentery—Cuzner.....	1090
"    "    "—Carl W. Wahrer..	1456	Success the Test of Real Greatness.....	1277
"    "    "    "—F. F. A.....	280	"    in Surgery—L. C. Bosher.....	1202
"    Board of Health Reports.....	1366	Sudden Death—J. W. S.....	408
"    "    Polypharmacy .....	1496	"    "    From Status Lymphaticus—E. Hedinger .....	1338
Static Electricity in Therapeutics.....	249	Suggestion, Baths, Massage and Other Treatment Which Should Be Rescued from the Quacks—P. W. Ransom .....	1402
Status Lymphaticus, Sudden Death From..	1338	Suggestions in the Care of Hernia—C. Fletcher Souder.....	1191
Steger, E. F.—An Old Campaigner.....	1587	Sulphides, Do They Check Milk—G. B....	1612
Stelwagon, Henry W.—"Treatise on Disease of the Skin".....	255	Sulphocarbates, Calomel and—B. B. W..	1477
Stenosis, Pyloric, Surgical Treatment of—By A. L. Blesh.....	1200	"    and Sulphocarbates—G. W. M.....	138
Stengel, A.—Albuminuria.....	364	"    in Typhoid Fever.....	948
Stephens, G. A.—Calcium Salts in Chills.....	795	Summer, J. W.—Alkaloids—Retained Placenta .....	1584
Sterilization of Cocaine Solution.....	802	"    Complaint—Cobb .....	1101
Sterilize the Hands, Easy and Safe Way—Torgny Anderson.....	1199	"    Diarrheas .....	935
Sterility—H.....	1376	"    "    of Childhood, Modern Management—W. L. Ellis.....	1170
"    Gonorrhea as a Cause of.....	660	"    Diarrhea, Prolapse of the Bowel in Children Due to—Mason.....	1060
"    Is the Treatment Justifiable Without Examining Sperma.....	1552	"    Diseases .....	738
Sterilization of Knives.....	58	"    Pneumonia .....	1008
Stern, Heinrich—"The Autotoxicoses, Their Theory, Pathology and Treatment".....	1248	Superstitions in Medicine.....	283
"    Effects of Prostatic Massage .....	1556	Supposed Stenosis of Esophagus in Child—A. P. McA.....	984
Sternum, Depression of—Huston, S. W.....	1429	"    Walking Typhoid—S. G. M.....	1372
Stevens, A. A.—"Modern Materia Medica and Therapeutics".....	406	Surgery in Acute Abdominal Lesions—By Auguste Rhu.....	1542
Stine, M. B.—Dioscorein.....	1225	"    The Future of.....	1068
"    Therapeutic Nihilism.....	1361	"    Ophthalmic, Dionin in.....	1549
Stimulants and Manhood—C. E. Boynton..	370	"    Success in—L. C. Bosher.....	1202
Stollenwerck, P. J.—The Sulphocarbates in Typhoid Fever.....	948	"Surgical Assistant".....	1117
Stomach, Carcinoma of—By G. Paul LaRouque .....	1189	Surgical Conservatism—By W. E. Moore... 550	
"    Why It Does Not Digest Itself.....	1144	"    "    —Lewis .....	650
"    and Duodenum, Perforation of.....	1067	"    "    A Word Regarding—Schmauss .....	1065
"    Novel Method of Washing It with Soap—Nancy H. Buskett.....	1579	"    Cure of Dyspepsia.....	921
"    Trouble—G. B.....	1119	"Surgical Diagnosis"—By A. A. Berg.....	406
"    "—H. G.....	1471	Surgical Diseases, Acute, Value of Differential Leucocyte in.....	1547
"    Troubles From the Standpoint of the General Practician—Alfred S. Burdick.....	470	"Surgical Nursing and the Principles of Surgery for Nurses"—By Russel Howard .....	563
Stone and Hypertrophied Prostate—Reginald Harrison.....	1546	"    Suggestions; Practical Brevities in Diagnosis and Treatment"—By Brickner and Moschowitz.....	1116
"    and McDonald—The Gonococcus in the Puerperium.....	503	Surgical Treatment of Pyloric Stenosis—A. L. Blesh.....	1200
Strength of Opium, Variations in—Wm. J. Stapleton, Jr.....	1570	"    Treatment of Trifacial Neuralgia—Ricketts—B. Merrill.....	1429
Stricture, Traumatic, Cured by Electrolysis	1547	Survival of the Fittest, The.....	1494
Strong Argument Against the Use of Galenicals .....	999	Suspicious Growth on Lip—B. D. G.....	985
"    Thos. J.—General Systemic Gonorrheal Infection .....	932	Suturing Wounds.....	57
Strophantin .....	1566	Swan, Olive E. W.—Preventive Medicine and the Ordinary Practician.....	696
Strychnine—Robert Gray.....	1177	Swaine, Geo. D.—Some Experiences from Everyday Work.....	699
"    and Cicutine, Hyoscyamine.....	71	"    Circulation of Clinical Medicine.....	1454
"    "    Nux Vomica.....	730	Sweatt, O. P.—My First Experience with Alkaloidal Medication.....	1110
"    The Therapeutic Indications of—Linn .....	831		
Styracol, As an Intestinal Antiseptic.....	1338		
Stubborn Case of Asthma—H. M. T.....	975		

	PAGE		PAGE
Swelling of the Leg.....	1323	Technic .....	1274
Symptoms of Sexual Irritation.....	1070	" of Dressing the Cord—Edw. K. Lawrence .....	1188
Syphilis, A Suggestion in the Treatment of..	505	Teel, A. W.—The Alkaloids, Why Not Use Them .....	1229
" and Pulmonary Tuberculosis Coexistent —J. H. Pryor.....	1211	Temperament and Diathesis in Pneumonia: Which Leads?—C. S. Pixley.....	392
" and Longevity—Leonard Weber.....	1332	Temperature During Menstruation.....	923
" and Monkeys.....	498	Teratoma, A Case of Retroperitoneal—C. M. Nicholson .....	343
" Can It Be Radically Cured.....	1332	Terrible Consequences of a Mistep.....	498
" Communicated by Leeches.....	795	Test for Acetone in the Urine—Frommer....	1216
" Congenital, New Symptom of.....	66	" for Bile Pigment, Very Sensitive.....	1438
" Congenital, Spirochaeta Pallida in.....	1561	"Test-Diet"—By Adolph Schmidt.....	1117
" Corrosive Sublimate Injections in....	360	Testicle, Undescended.....	1430
" Family Infected with—Dr. W. R. Grove .....	1213	" X-Ray for Tuberculous.....	200
" Fever in the Tertiary Stage of.....	662	"Text-Book of Materia Medica, Therapeutics and Pharmacology" by George F. Butler .....	838
" Following the Bite of a Human Being..	360	" of the Practice of Gynecology"—By W. Easterly Ashton.....	833
" in the Third Generation.....	658	" of Physiology for Medical Students and Physicians"—Wm. H. Howell....	405
" Inunctions in .....	1557	Thackeray, W. T.—Appendicitis in France..	1102
" Iodine and Mercury in Late Manifestation of .....	929	" —Juglandin: It worked.....	947
" Laryngeal Requiring Tracheotomy....	66	" —Some Hints for the Management of Skin Diseases .....	1467
" Maternal .....	360	That "Bad New Pill".....	690
" Methods of Administering Mercury in .....	501	Thayer, Dr.—Gonorrheal Septicemia and Endocarditis .....	1555
" of Conjunctiva, Primary.....	65	Theisen, C. F.—Laryngeal Syphilis Requiring Tracheotomy .....	66
" of the Internal Ear.....	69	Theory, New, of Female Genital Activity....	1551
" of the Nervous System.....	1076	" Practice and.....	426
" of the Oropharynx, Treatment of....	1440	" and Practice.....	596
" on Monkeys, the Lessons from the Experiments with.....	501	Therapeusis and Treatment of Interstitial Gingivitis Due to Autointoxication By E. S. Talbot.....	1396
" or Gonorrhea? Which is the More Dangerous Disease.....	498	Therapeutic Action of Drugs—Buchanan....	1094
" or Mercury: Which is the Cause?.....	659	" Evolution—Larkin.....	970
" Over-Treatment of.....	1560	" Heresy—By L. Jacobi.....	1553
" Painful Glandular Swelling in.....	1558	" Indications of Strychnine—Linn.....	831
" Prevention of.....	1075	" Nihilism—M. B. Stine.....	1361
" The Treatment of by Intramuscular Injections .....	206	" " vs. Therapeutic Positivism —C. F. Gilliam.....	1162
" The Vegetable Alternatives in.....	495	" Pointers, Some More—Candler.....	834
" Treatment of .....	210, 1554	" Revival Is on.....	228
" Vitiligo and.....	664	" Verities .....	112
" When Should We Start Treatment In—E. E. Hall .....	506	Therapeutics, Conservative and Radical—W. M. Sanger.....	1412
Syphilitic History, The Danger of Concealing a .....	209	" Hepatic—By Hubert Richardson.....	1156
" Iritis?—J. J. R.....	847	" A School of Pneumonia—W. D. Christy .....	92
" Laryngeal Stenosis in an Infant.....	666	" Teaching of.....	400
" Nephritis .....	927	Therapy of Hemophilia.....	938
" " and Hydropericardium.....	928	There's a Reason—H. T. H.....	541
" Paralysis—C. W. H.....	845	Thing That Does It, The—By J. R. Phelps .....	94
Syrups, Extemporaneous Cough—G. A. F....	1473	Thiosinamin As a Solvent of Cicatricial Tissue—G. B. S.....	1370
		" Cure of an Old Traumatic Stricture of the Esophagus by.....	1008
		" in the Treatment of Urethral Strictures .....	67
		Thirst—Fletcher .....	1057
		" Is Good Horse Sense.....	1272
		Thom, D. M. B.—A Days Clinic in Mardin .....	940
		"Thomas's Practice of Medicine"—French .....	1103
		Thomas, C. P.—What Is Surgical Conservatism? .....	191

## T

Taber, C. W.—"Pocket Encyclopedic Medical Dictionary".....	1117
Tabetic Foot.....	249
Talbot, Eugene S.—Interstitial Gingivitis Due to Autointoxication. Etiology.....	1011
" E. S.—Therapeusis and Treatment of Interstitial Gingivitis Due to Auto-intoxication .....	1396
Talmev, B. S.—Hydrocele of the Canal of Nuck .....	788
Tanner, T. H.—"Memoranda of Poisons"....	564
Tattoo Marks From the Skin, The Removal of .....	796
Tatum, J. S.—Some Good Hints.....	1587
Taylor, Robert W.—"Sexual Disorders in the Male and Female".....	117
" Wesley E.—Electricity and Impotence .....	497

	PAGE		PAGE
Thomas, Rolla—"The Eclectic Practice of Medicine".....	836	True Membranous Croup and Laryngeal Diphtheria; A Diagnostic Remedy...	1275
Thompson, James—Pneumonia: A Desperate Case Cured.....	382	Truth Flushed from Cover.....	997
" J. E.—Glycerinized Paste.....	259	Tubercular Adenitis—E. R. B.....	988
" J. M.—Organic and Functional Disorders of the Deep Urethra.....	362	Tuberculosis of Bowels—R. S.....	568
Thorington, Frank H.—"The Ophthalmoscope, and How to Use It".....	1250	" Common Sense Treatment—By Thad. W. Williams.....	1529
Thornton, E. R.—"Dose Book and Prescription Writing".....	405	" from Decayed Teeth.....	1547
Those State Laws—By C. E. Young.....	547	" Genital.....	204
Three Unnecessary Operations.....	1074	" of the Genito-Urinary Tract.....	508
Thyroid Gland—H. D. Champlain 324, 449, 627		" Intraperitoneal.....	921
"Time to Read" Busy—but Has.....		" Menstruation and.....	655
Tinctures, Couldn't Go Back to—D. S. McConaughy.....	1584	" Outdoors.....	10
Tinnitus Aurium and Partial Deafness—A. J. T.....	978	" Poor The.....	12
Tobacco, Effect on the System—Radue....	965	" Useful Rules for Preventing.....	1350
Tongue-Forceps Condemned.....	784	" Pulmonary Fresh Air and Rest in....	251
Tonic Bitters—Burdick.....	636	" Pulmonary: A Clinical Study—William Porter.....	38
" Action of Digitalis—W. C. Abbott ....	26	" Rectal—R. D. B.....	567
Tonics and Reconstructives—Burdick.....	635	" Renal, Treatment with Guaiacol—Max Schuller.....	1439
Tonsillitis, A Gargle in.....	938	" Unguentum Hydrargyri In.....	361
Too Much Drugging.....	1278	Tubular Pregnancy With Recovery, Two Cases—L. Etta Farmer.....	1426
Torticollis—A. H. J.....	261	Tumor, An Enormous.....	494
Toxemia, Alarming: How Cured.....	238	" Peculiar Brain.....	1068
Toxic Headache.....	675	Tumors, Wandering Retroperitoneal.....	655
Tracheotomy, Laryngeal Syphilis Requiring	66	Turpentine in Prurigo.....	666
Trachoma—J. E. H.....	408	Two Cases of Bowel Complaint—Farmer....	1100
Traction of Round Ligaments.....	1069	" " " Tubular Pregnancy With Recovery—By L. Etta Farmer.....	1426
Tracy, Edw. A.—A Practical Cure for the Substitution Evil.....	1221	" Very Interesting Cases of Hysteroid Convulsions—Hannum.....	832
Transplantation of Ovaries.....	1552	" Good Openings.....	1114
Traumatic Stricture Cured by Electrolysis..	1547	Tympanitis.....	593
Traumatisms, Acid States in Surgical and Other—Geo. F. Butler.....	52	Tympanites—Fletcher.....	1058
Treating Shock.....	1487	Tympanites, Alum for.....	654
Treatment of Coughs and Colds—By W. C. Abbott.....	513	Typhoid Fever vs. Autotoxemia—A. D. Campbell.....	1341
" of Acute Arthritis with Intravenous Injections of Collargol.....	1562	" Abortive Treatment of—Howard.....	824
" " Epithelioma with Caustic Potash—Arthur Van Harlingen.....	1334	" Complicated With Pneumonia—Radue ..	94
" " Compound Fractures—C. P. Thomas.....	1535	" Dementia Following—W. L. W.....	121
" " Gonorrhea and Its Complications—Wm. J. Robinson..1070, 1205,	1327	" Diet in—D. W. Reed.....	1342
" " Infantile Diarrhea—Ayers.....	1027	" Half Measures Will Not Cure—By I. N. Meyers.....	1339
" " Intermittent Fever—J. A. Burnett..	1343	" Intestinal Antiseptics in — C. F. Mahood.....	1172
" " Pneumonia—L. J. Coberly.....	1460	" Intestinal Antisepsis in—John Forrest.....	1304
" " Psoriasis—P. S. Abraham.....	1331	" Intestinal Perforation.....	1443
" " Pterygium—D. D. H.....	1257	" Poorly Treated—H. J. W.....	1447
" " Renal Tuberculosis with Guaiacol—Max Schuller.....	1439	" Sulphocarbolates in.....	948
" " Typhoid with Alkaloids—J. K. Neuman.....	1569	" Supposed Walking—S. G. B.....	1372
" " Typhoid Fever with Intestinal Antiseptics—C. F. Mahood.....	1172	" Treatment With Alkaloids—Dr. J. K. Neuman.....	1000
" " Typhoid Fever, with Report of Eighty Cases—J. M. Heyde.....	1279	" Treatment of. Report of Eighty Cases—J. M. Heyde.....	1279
Treatment of Urethritis with Medicated Sounds	665	" Walking—E. F. P.....	128
Trendelenberg Position, Precaution as to..	59	Typhus in Asiatic Turkey, Fighting Cholera and Ussher.....	939
Trenwith, W. D.—Gonorrheal Vaginitis in Little Girls.....	660		
Treponema Pallidum and Dr. Schaudinn ..	1213		
Trichinosis—J. R. O.....	123		
Trifacial Neuralgia—Ricketts.....	1429		
Tri-State Meeting.....	729, 829, 1005		

## U

Ulcer of the Ankle, Obstinate—W. S. W.....	581
Ulceration, Obstinate.....	1076
Ulcer, Gastric.....	1323
" of Leg, Varicose—J. M. D.....	1258
" of Mouth—J. A. X.....	1373
" of Rectum—E. L. M.....	1605
" of the Stomach—Burdick.....	634

Ulcers—Murray.....	707
—W. F. Radue.....	92
—W. H. McB.....	410
Treatment of—Baker.....	776
Ultimate Localization of Mercury in the Body.....	1078
Umbilical Cord, Aseptic Dressing—Murphy.....	645
Undescended Testicle.....	1430
Unusual Case; Diagnosis Required—A. F. W.....	852
"Unwritten Meaning of Words"—By Philip H. Erbes.....	1247
Urea and Diuretics as a Desirable Diuretic...	1565
Uremia, Treatment of.....	867
Urethra, Cataplasms in the.....	362
"    "    Male.....	664
Injection, The Danger of Corrosive Sublimite as a.....	508
Organic and Functional Disorders of the Deep.....	362
Stricture, Conservative Treatment of..	658
Strictures, Thiosinamin in.....	67
Urethritis, Treatment of Chronic.....	930
Non-Gonorrheal with Numerous Bacilli.....	660
Posterior—H. E. D.....	134
Non-Gonorrheal.....	65
Treatment of With Medicated Sounds.....	665
"Uric Acid"—By Francis H. McCrudden..	1250
Uricacidemia—H. F.....	410
"Urinary Analysis"—By Louis Heitzmann..	561
Urine, Test for Acetone in—Dr. Frommer..	1216
A New Test for Blood in the.....	1077
Incontinence of—T. I. C. P.....	570
On the Preservation of.....	508
Urotropin or Formin, Purity of.....	1565
Side Effect of.....	1220
Use It and Welcome; Pass the Good Word Along.....	1489
Useful Rules for Preventing Tuberculosis..	1350
Uses Nothing Else—Fracier.....	968
Ussery, W. C.—How We Do It In Bourbon County.....	30
Ussher, C. D.—Cholera.....	295
—Fighting Cholera and Typhus in Asiatic Turkey.....	939
Uterine Bleeding.....	492
Uterine Carcinoma, Thyroid Gland in—Champlin, H. D.....	452
Hemorrhage—Pope.....	649
Uterus, Inguinal Hernia of—Heinrich Hilgenreiner.....	1328
Inoperable Cases of Cancer of.....	203
in Gonorrheal, Removal of the in.....	349
Relaxation During Curettage.....	1326

**V**

Vagina, Foreign Bodies in the.....	203
Vaginal Discharges.....	1325
Douche—Fletcher.....	1059
Ovariectomy.....	923
Valerianates in Gynecology, Three.....	493
Valuable Catalogue—Sharp and Smith.....	706
Value of the Differential Leucocyte Count in Acute Surgical Diseases.....	1547
"    Electricity to the General Practitioner—C. S. Neiswanger.....	1515
Van Harlingen, Arthur—Treatment of Epithelioma With Caustic Potash.....	1334
Variability and Unreliability of the Galenics, A Positive Proof.....	1266

**V**

<b>Variations in the Strength of Opium—Wm.</b>	<b>PAGE</b>
J. Stapleton, Jr.....	1570
<b>Varicella (chicken-pox)—Candler.....</b>	<b>753</b>
<b>Varicocele, The Bloodless Operation for—T.</b>	
W. Williams.....	251
" A Trifling Affection.....	215
<b>Varicose Ulcer of Leg—J. M. D.....</b>	<b>1258</b>
<b>Vasomotor Jangle, A.....</b>	<b>1493</b>
<b>Vegetable Alternatives in the Treatment of</b>	
Syphilis.....	495
" Digestants—Burdick.....	635
<b>Vegetations of Anus: Hemorrhoids—R. L. H.</b>	<b>571</b>
<b>Venereal Diseases in the British Army, The</b>	
Treatment of.....	933
" " The Control of Prostitution and	505
" " and Dermatology, How to Study	
Them in Europe—Robinson	1433
" Warts—H. L. A.....	1262
" Warts—J. H. Davis.....	1368
<b>Ventral Fixation.....</b>	<b>788</b>
<b>Veratrine—J. B.....</b>	<b>411</b>
" A Depressant, Is.....	1010
" or Veratrum?.....	14
<b>Veratrum, Digitalis and Active Principles..</b>	<b>1001</b>
" or Veratrine?.....	14
<b>Verbena Hastata In the Treatment of Epilepsy</b>	
—J. M. French.....	309
<b>Veronal—W. D. G.....</b>	<b>1607</b>
<b>Verrotti, G.—Syphilitic Nephritis and Hydro-</b>	
pericardium.....	928
<b>Verterbra, Gunshot Wound of.....</b>	<b>1548</b>
<b>Vertigo (Senile)—T. I. C. P.....</b>	<b>570</b>
<b>Vesical Spasm, Dosage of Cicutine In—H. K.</b>	<b>850</b>
<b>"Vicarious Atonement" In Surgery.....</b>	<b>489</b>
<b>"Vicarious Menstruation—E. W. Ritter.....</b>	<b>407</b>
" " —E. H. Griffith.....	407
<b>Vigo's Plaster.....</b>	<b>797</b>
<b>Vinson, Lindsay—Psoriasis.....</b>	<b>1604</b>
<b>Vitiligo and Syphilis.....</b>	<b>664</b>
<b>Vomiting After Operations.....</b>	<b>1550</b>
" of Pregnancy.....	1203
" " —W. E. S.....	415
<b>Vomiting and Vomitus—Burdick.....</b>	<b>631</b>
<b>W</b>	
<b>Wahrer, C. F.—Pleural Effusions in Children</b>	<b>784</b>
" —An Iowa Experience.....	380
" Carl W.—State Board Examinations....	1456
" C. F.—Wholesale Poisoning—Wahrer	
Talks Back.....	78
<b>Wail of the Grouch.....</b>	<b>857</b>
<b>Wainwright, John W.—Acetanilid.....</b>	<b>614</b>
" Typhoid—S. G. M.....	1372
<b>Wall, A. E.—Diphtheria Not "Membranous</b>	
Croup".....	114
<b>Walling, W. H.—Cancer of the Lip.....</b>	<b>1603</b>
<b>Wandering Kidney,—Lanphear.....</b>	<b>769</b>
" in Women.....	924
" Retroperitoneal Tumors.....	655
<b>Wanted, A Tablet Cure for Snake-Bite: Ech-</b>	
inacea—J. M. C.....	1257
<b>Warner, Frank—A Case of Appendicitis....</b>	<b>1194</b>
<b>Warren, Stanley P.—Cesarean Section.....</b>	<b>788</b>
<b>Warts, A Case With a Moral.....</b>	<b>1215</b>
" Lime Water in.....	928
" Venereal—H. L. A.....	1262
<b>Waste Retention, Two Typical Cases of—L.</b>	
I. S.....	580

**W**



	PAGE		PAGE
Watch Us Grow.....	236	Why We Are Poor, the Remedy.....	820
Water-Cress, Active Principal of—M. T. F....	843	“ the Stomach Does Not Digest Itself..	1144
Watkins, T. J.—Puerperal Infection.....	900	Williams, Anna W. and W. H. Park—	
Watson, J. M.—Calcium Sulphide.....	1235	“ Pathogenic Microorganisms, In-	
Waugh, W. F.—The Late Dr. Brodnax.....	401	cluding Bacteria and Protozoa”.....	256
“ —Intestinal Antisepsis in Fevers.....	1022	“ H. N.—“A Manual of Bacteriology”..	564
“ —The Outlook: A Call to Labor.....	13	“ J. Whitridge—Vomiting of Pregnancy	1203
“ —Pilocarpine Croup.....	1151	“ R. F.—“Food and Diet in Health	
“ —Sapremia: A Case.....	172	and Disease”.....	562
“ —Selective Absorption by the Cell...	314	“ Thad. W.—Common Sense Treatment	
“ —Springtime in Louisiana.....	221	of Tuberculosis.....	1529
“ —You Ought to Have It.....	1094	“ T. W.—Fresh Air Cure for Consump-	
Ways of A Woman—Ellis G. Roberts.....	402	tions.....	1243
Weaver, A.—Case of Splenomegaly.....	1524	“ The Bloodless Operation for Varicocele	251
“ A. J.—Nuclein in Diabetic Gangrene..	1580	Wilson, J. E.—Zinc Phosphide.....	1114
Webb, C. S.—Word of Cheer.....	968	Wine, Organic Phosphorus in.....	1563
Weber, Leonard—Syphilis and Longevity...	1332	Wisdom, Obsolete.....	156
Weiss, Ignatz—Danger of Repeating Prescrip-		Wise, Fred—The Status of the X-Ray...	503
tions.....	1210	“ Witthaus and Becker's Medical Juris-	
Wellcome Research Laboratories, Report of..	1601	prudence”.....	1469
Well, Who Cares.....	1269	Womb and Nervous Symptoms.....	786
Welsch, John A.—Doctor and Druggist.....	377	Wood, Horatio C. and Horatio C., Jr.—	
Wenzel, R. J.—Psoriasis.....	1604	“ —Wood's Therapeutics”.....	116
Westlake, Orville—Rational Therapeutics..	238	Word from an Old Friend—C. C. S.....	1594
Wharton, H. R.—“Minor and Operative		“ of Cheer—Webb.....	968
Surgery”.....	257	World's Great Anatomists—G. W. H. Kemper	1249
What Autoinfection Will Do—Abbott.....	833	Wounds, Balsam of Peru for.....	1322
“ Cured Her—H. A. S.....	1608	“ Suturing.....	57
What Do You Want?.....	15	Wyman, Hal C.—Divulsion of the Duodeno-	
“What God Hath (Not) Joined”—By Orr		Jejunal Sphincter in Epilepsy.....	899
Kenyon.....	1117		
What I Think of Alkaloids—W. C. Cooper..	1231		
“ One Dose of Apomorphine Did—W.			
L. Shelton.....	1240		
What's the Matter with Kansas?.....	593		
When It Is “Conservative” to Be “Radical”			
—J. S. Murphy.....	1423		
Which Are You Getting, Good or Bad Drugs	1377		
“ Is the Cause: Syphilis or Mercury?...	659		
Whirling Motion on a Water Surface.....	1563		
White—“Genito Urinary Surgery and Ven-			
ereal Diseases”.....	255		
“ Toler, R.—Bronchopneumonia in In-			
dian Children.....	522		
Whiteside, G. S.—Maternal Syphilis.....	360		
Whitford, H. K.—Eruptive Fevers.....	895		
“Wholesale Poisoning”—Z. T. Dodson.....	542		
Wholesale Poisoning—Wahrer Talks Back			
C. F. Wahrer.....	78		
Who Manufacturers the Nostrums and Patent			
Medicines.....	1135		
Whooping Cough—C. J. Coonly.....	1581		
“ —H. R. M.....	1581		
“ —Another Success—Linnard...	1464		
“ —Calcium Sulphide in—S. N.			
Merrick.....	1235		
Why Do Women Die of Cancer of the Uterus?			
—Lanphear.....	641		

## X

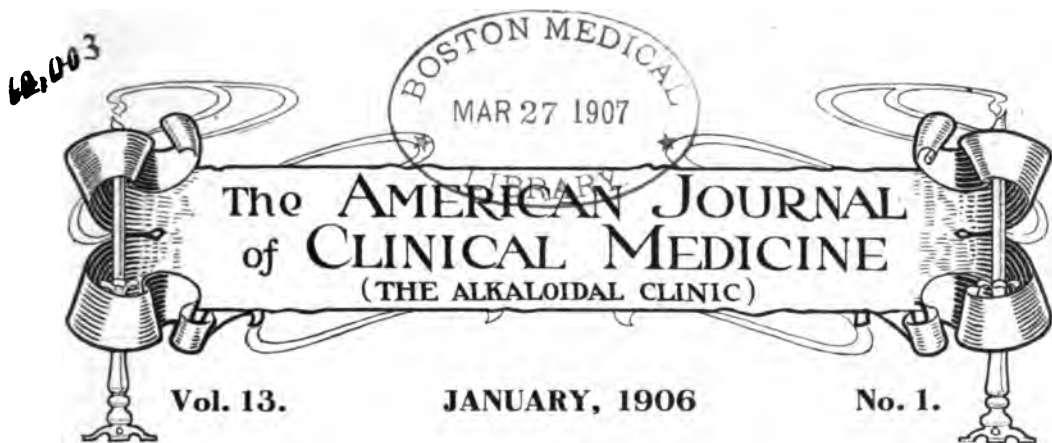
X-Ray, Arthritis Deformans Cured by.....	1549
“ Electricity and.....	878
“ Burns, Treatment of.....	503
X-Rays in Diseases of the Skin, The Status of	503

## Y

Yam, Wild in Bilious Colic—By J. H. Hull	104
Yeast, Active Principle of.....	368
Yellow Fever in Louisiana, No.....	590
“ —Pilocarpine and Gelseminine	1087
“ Fever and the “Skeeter”—Hollman..	1087
Yeo, I. Burney—“Medical Treatment”...	1115
You Ought to Have It—Waugh.....	1094
Young in the Alkaloids—M. W. Frazier ..	1228
“ C. E.—Those State Laws.....	547

## Z

Zahorsky, John—“Baby Incubators”.....	257
Zinc Cyanide.....	823
“ Phosphide.....	107
“ —Wilson.....	1114
Zuccala, F.—A Case of Complete Reflex	
Anuria.....	1211



### OUR FOREWORD.

THE world moves and, whoever else may or may not move with it, we propose to do so. Many an enterprise which, when started, was in advance of its time, has finished behind it, simply because its promoters failed to perceive that the rest of humanity was not standing still. When The Alkaloidal Clinic was founded by Dr. Abbott twelve years ago, as a "clearing house" for an appreciated but burdensome correspondence, the indefinite, uncertain and unreliable galenical preparations reigned supreme. There was but a single drug in the whole Pharmacopeia that was assayed—namely, opium. For all other drugs, potent and mild, no standard whatsoever was given.

That means that wholesale druggists could sell, and retail druggists could dispense, preparations of aconite, belladonna, digitalis, pilocarpus, nux vomica, colchicum, etc., which contained either an excess of active matter or which were practically or absolutely inert. It didn't matter to the pharmacist and the non-thinking physician-nihilist, but it did matter, however, and very much, to the thinking physician and to the patient.

The founder of the Clinic did not think this was the right state of affairs. He, with many other thinking physicians recognized that the active principle of the plant being the important part, that active principle should be the criterion of utility—the measurable quantity, and not the alcohol and the extractive matter.

The seventh revision of the Pharmacopeia appeared and it showed signs of progress—it contained the assays of three drugs and their preparations—opium, nux vomica and cinchona. And now the eighth revision has taken an immense stride, containing as it does assays of practically all potent drugs—twenty-two in number; namely, aconite, belladonna leaves, belladonna root, cinchona, red cinchona, coca, colchicum, corm, colchicum seed, conium, guarana, hydrastis, hyoscyamus, ipecac, jalap, nux vomica, opium, physostigma, pilocarpus, scopola, and stramonium.

What does this signify? It signifies very much. It signifies that the world (the medical and pharmaceutical part of it) has at last come to the realization of the fact that crude galenicals are unscientific and dangerous and that it is the alkaloid, the active principle, that counts.

In recognition of the above and to show that the same leaven is working in other countries than our own, we quote Dr. Carl Abel in the *Berliner Klinische Wochenschrift*, No. 34, 1905:

"It must also be held in consciousness that the effect of the fluid extract varies within wide bounds in the ratio of the amount of the active principles which therein is, a fact which is proved to each physician by his own too often repeated experience. Scientific usage of drugs on this account demands that the galenical preparations be crowded backwards, and be made to give place to substances of which the substantial action can be sharply defined by reason of their chemical constitution and upon which reactions exactly measured (proportional) will follow."

Though "made in Germany," this is an important and greatly appreciated tribute to the movement which is today world-wide in scope and to be all-important in result.

That the simplest and most exact way of administering the active-principles is in the form of the principles themselves and not of the troublesome and still somewhat uncertain galenicals, is another question upon which we may touch some other time. What we want to bring out now is that the paramount importance of the active principle is, at last, practically admitted by everybody.

During the last few years a significant change has occurred. The best elements of the profession have awakened to the needs of the day, and the possibility of a truer therapy. A reaction has set in against prevailing pessimism and unscientific therapeutic makeshifts by means of which medicine seemed destined to sink from its dependent position into that of a satellite to manufacturing chemistry—the therapeutic renaissance is upon us!

At the last meeting of the American Medical Association it was evident that deep interest was taken, and that the best elements of the profession were enlisted in behalf of this movement for the rescue of therapeutics and pharmacy from pessimistic nihilism and uncertainty.

The Clinic, representing the faith of its founder and his co-workers, has always been a strenuous advocate of exact, dependable medication—of the use so far as possible and demonstrably best, of the active principles in therapeutics instead of the cruder preparations in vogue.

But new truths gain ground slowly, and we have had to fight very hard, very persistently, utilizing every proper opportunity to get the rays of active, definite, dependable therapy to penetrate the darkness of

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Ask child to place hand on the "spot which hurts;" if appendicitis it rests on McBurney's point.—Benning.

To abort a felon apply a tight-fitting rubber nipple over the end of the finger as long as can be borne.—H. Whisler.

uncertain, irrational slipshodness. We have triumphed! The enemy is on the run! The victory is ours!

Shall we rest on our laurels? No! There are other fields to till, there are "other worlds to conquer." For many years we suffered from the accusation of being faddists, of advocating an exclusive method of treatment. This was not true, but the space we had to devote to the active-principle idea gave color to the accusation. We say we "had" to, and we did have to, for to make a new truth popular one must harp on one string persistently, continually, undauntedly.

But we are free from such necessity now—the profession has no more stood still than we have. The work of the restoration of scientific therapeutics has broadened, until now the use of the alkaloids (the active principles) simply forms one section of this great work.

The basic principles for which we have fought for years are being gradually, slowly but surely, accepted and stand today as one of the foremost, if not the most important, factors in medical thought.

We should be untrue to ourselves and our cause, were we to permit the impression to become prevalent that we stand for the exclusive use of the alkaloids as remedial agents, though we have many times been accused of so doing. And to emphasize the fact that we stand for all that can be embraced under the designation of scientific therapeutics, from this time henceforth we are to be known as The American Journal of Clinical Medicine, for this is what The Alkaloidal Clinic really has been, is, and surely will continue to be.

Not an iota of that for which we have fought is lost. Not a step do we take backwards. We are, the rather, ever pushing forward into the broadened path that has been opened up to us by our mutual endeavor, by our successful occupation of an advanced station made possible by the earnest cooperation of our interested and helpful friends—our brothers in this great work.

Our therapeutic platform is as broad as the world—we believe the physician should pluck the health-giving fruit, it matters not from what garden—active-principle therapy, surgery, synthetic chemistry, massage, electricity, opotherapy, serum therapy, hydrotherapy, radiotherapy, etc., etc.—all these offer us mighty weapons in the battle with the enemies of the human race—Disease and Death. And the new Clinic, The American Journal of Clinical Medicine, will include all these weapons in its armamentarium. It will give its readers all that is best in medicine, all that is best in the medical literature of the world, all that is most helpful, most practical.

But there is another very, very important, though rather thankless field. We refer to the nostrum evil, to the numerous species of medical graft practised upon the medical profession, to the intimidation and coer-

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Dionin applied to eye causes irritation followed by anesthesia lasting 2 to 48 hours.—Snyder, *Jour. A. M. A.*

Dionin's most marked action is in eyes whose tension is highest; disassociating intercellular cement substance.—Snyder, *J. A. M. A.*

cion practised by some nostrum manufacturers. Now, we are not opposed to proprietary medicines. On the contrary we believe that some proprietary interests have contributed materially towards therapeutic improvement and even discoveries in pharmacy and chemistry. But we do maintain that a man cannot serve two masters—that a manufacturer who carries favor with the laity has no business in the medical press. You cannot, you must not work both the laity and the medical profession at the same time. If we ever carried an ad of a preparation also advertised to the laity, it was thrown out as soon as the fact of its being so advertised became positively known to us. If you go through our advertising pages you will not find a single medicinal compound which, to our knowledge is advertised to the laity. If you know to the contrary you should tell us so, submit proof and we will do the rest.

Then we are unalterably and emphatically opposed to false and fraudulent formulas. We do not believe, with some extremists, that the manufacturer is obliged to divulge his exact formula and method of manufacture. Not at all. But we do believe, that he has no right to give false or misleading formulas. Give the correct formula, or none at all!

Further, we will fight, tooth and nail, those manufacturers who are instrumental in instigating unjust attacks against the American Medical Association and the Journal of the Association. The Association and the Journal may have made mistakes in the past; they may make mistakes in the future—if so, we shall not hesitate to point them out; but they are on the right path in their fight against the nostrum evil and the Association is going to accomplish great things for the Medical Profession of America. We are for the Association and for the Journal, just so far as we believe them to be in the right, but no further.

We do not take the stand the Journal takes and should take in some things—a stand we should promptly take were we the organ of the great national body; but the stand we do take, the broadest plank in our platform is the safeguarding of the best personal and professional interests, as we see and believe them to be, of the true doctor and the honest pharmacist.

As will be seen, we hope and expect to do great and even greater work, work to which we will have to give the best there is in us. While yet as fresh for the fight and as eager for the fray as ever, yet the line is extending; so, conscious of our limitations, we have been seeking additional strength—for those who will help us to be greater help to you—and we have found it.

Men who occupy the forefront of progress must be men who are ready and willing to “buck the line”—to stand for what is right, to give and to take hard knocks, to let the opposition fully understand that they are there and there to stay.

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Darier, Reber and Snyder report cases of complete absorption of the lens and capsule during the use of dionin.—*J. A. M. A.*

In iritis with adhesions and tension dionin lessens tension and allows absorption of mydriatics with relief.—Snyder, *J. A. M. A.*

Dr. William J. Robinson of New York needs no introduction to the medical profession of America. By his masterly activity in the American Medical Association and as Editor of the Critic and Guide, he has done more than any one man in the country in bringing to the front the question of ethical advertising and in bringing dismay into the ranks of the nostrumists. Though an all-round therapist (he was for many years, the editor of Merck's Archives—his practice is limited to Dermatology and Venereal Diseases, and our propaganda in these specialties will be under his charge.

Dr. Emory Lanphear of St. Louis, a surgeon of national reputation, formerly editor of the American Journal of Surgery, Gynecology and Obstetrics, will direct the Department of the same name; and the best minds in this country and in Europe will contribute articles which will be of inestimable value to the general practitioner who is willing to learn and is anxious to keep up with the times.

Each of these gentlemen, of unquestioned first position, has amply proven his ability to give and take hard knocks without losing either courage or temper. Each in his own way, with malice toward none, will fearlessly advance the cause of truth through this Journal. Each will stand with the Clinic for what is right and nothing else. But this is not all—there is yet more to be done, other forces to add, other phases of this great work to be considered, all of which we shall get to in due time, covering the entire field of practical medicine and therapeutics, thus (and only with your help and cooperation) making The American Journal of Clinical Medicine the broadest and most representative monthly medical journal in the world.

In our editorials we shall say what we have to say in a straightforward, direct way, without fear or favor, but having no personal animus. No personal attacks will be tolerated.

Against wilful ignorance, culpable and dishonest error, we are aggressive to the limit of our capability. Personal quarrels and antipathies we have none.

In the whole field of our endeavors we encounter not a solitary personal enemy. Our most strenuous exertions are for the principles we strive to inculcate. If the inculcation of truth hurts somebody, and he is wrong, he must give ground. If he is right, and can demonstrate it, we will gladly go his way. If financial interests are endangered by our work, such financial interests are dishonest or unwisely directed. If men fail to read the handwriting on the wall they must not hold us responsible.

As to our stand on the subject of Medicine and its possibilities, no further statement on our part should be necessary. We are thorough optimists and nothing is so distasteful to us as the therapeutic nihilism

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In peripheral corneal ulcers under dionin repair begins as soon as the ulcer is cleared; best in recent cases.—Snyder, *J. A. M. A.*

Dionin is almost completely abortive of parenchymatous keratitis if used in the earliest stages; worthless late.—Konigstein.

which at one time threatened to engulf the entire medical profession and which still counts too many disciples—too many for the good of the profession and of the ailing public.

We know medicine is not perfect, but we also know that it has made wonderful strides during the past three or four decades and that its future possibilities are unlimited. We are fully in accord with Osler who so well said in his recent farewell address: "The list of diseases which we can positively cure is an ever-increasing one, the number of diseases the course of which we can modify favorably is a growing one; the number of incurable diseases (which is large and which will probably always be large) is diminishing—so in this second point we may feel that not only is the work already done of the greatest importance, but that we are on the right path, and year by year as we know disease better we shall be able to treat it more successfully."

We believe in medicine! We know that thousands and thousands of lives are daily snatched away from the bony clutches of Death by the active interference of the physician who has the proper ammunition and knows how to use it.

We insist that medicine shall be used intelligently; that the physician must have a clear conception of the need presenting, and of the means of meeting it; and that our therapeutic intervention should be strictly limited to our ability to meet these conditions. Furthermore, we believe that the science of therapeutics has been developed to such a degree as to make this scientific basis a possibility, and that its adoption renders a solid and permanent progress possible, for the first time in the history of medicine.

We believe in the medical profession, both in the man of the "rank and file" and those who are striving for its betterment. We feel that the doctor should occupy first place among our most happy and prosperous citizens, that he should be a man appreciated because of his capability. We know, on the one hand, that our profession embodies great truths of vital consequences; on the other, that it has rights which others are bound to respect. We have helped to wrest these truths from the grasp of nihilism and in the defense of these rights we propose to stand in the forefront of the fight to free the doctor from vicious lying and commercial espionage, in the guise of therapeutics, and to help to place him in the position of honor which is his by right.

To aid in the spread of this life-saving knowledge, to strive to the uttermost for the accomplishment of what we have outlined, is the mission, and shall be the labor of the enlarged and broadened Clinic—The American Journal of Clinical Medicine, for which and the work before us we bespeak your kindest consideration and most ardent helpfulness.

DRS. ABBOTT AND WAUGH.

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Three billions of arsenic tablets are said to have been consumed in and near New Orleans during the recent yellow fever time.

Physicians who use alcohol or liquors in remedies they dispense must pay a liquor dealers' tax. Cut out the booze.

### THE DOCTOR'S FEES.

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We have long had it in our mind to sound a note of warning to the doctor on the subject of his charges. They are far too low. The expense of obtaining a medical education has vastly increased. The time has been extended from two to four years; the laboratory investigations have vastly developed and there special fees have largely increased; the general proficiency in all departments demanded by the State Examining Boards compels a closer study, occupying more time, so that the student can no longer earn in vacation the means of defraying his winter expenses. The poor fellow is lucky if he can peruse his textbooks then, and save his brains for didactic lectures and quizzes in the coming term. The equipment of the doctor is also immensely more costly, and the changes and improvements so rapidly follow that were he to put in the latest and best the day affords it would be obsolete before it had paid for itself. We cannot afford to practise for the old fees our fathers received; our invested capital is larger and our running expenses are greater.

A good way of getting at the difficulty is to lay aside the miserable method of charging for visits and specifying each little item as the plumber does. (Not but what we would be wealthy, indeed, were we to adopt the plumber's schedules of charges for time and material!) We should always charge for services rendered, what they are worth. For instance—we are called to see a man with an irreducible hernia—we elevate his hips and lower his head, and the gut slips back by the force of gravity. How much? Don't say, so much for a visit, but think

of his means, and tell him it is worth a hundred to save him from a perilous operation. You succeed by the use of modern means in breaking up a pneumonia at the outset, and save an active business man weeks of confinement in bed, with a possible funeral at the end. Five visits—again we say, a hundred dollars if the man can afford it.

Let this method become once fairly started, and the people will learn to estimate the doctor's services more justly. Another thing—never enter a contest with your competitors as to cheapness. There is a dignified way of telling people that each man must place such valuation on his work as he feels it is worth; and you may be sure that when it comes to a choice the question of quality in "life savers" will outweigh that of cost.

No matter how good a physician one may be, the doctor must also have a share of business capacity or he will never have a chance to display his professional skill to the best advantage. Ponder a little on this fact, Brother.

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### THERE ARE OTHERS.

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"Over and over again it has been shown in various ways that the deepest truths we can reach are simply statements of the widest uniformities in our experience."—*Herbert Spencer*.

One of the things a man learns as he grows wiser is not to disdain or ignore the experiences of others. Constantly we make the mistake of reasoning or of judging the beliefs and experiences of others on the assumption that what we know comprises all there is of truth. That this is true, even if we know all that all humanity know, we would scarcely assert openly—and yet we as-

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Indiana has a fine law against abortion and soliciting it. Now let's hear of its rigid enforcement.

Minnesota forbids dispensing cocaine or preparations containing it except on prescription by doctor or dentist.



sume it in our judgments. There is a great ocean of the true, and we see here and there a little gleam of light that touches the tips of the breaking waves; and all the rest is darkness. Our brethren each see a little that we do not. It is the part of wisdom to correlate as many as possible of these observations and from them estimate the contents of the intervening spaces still enshrouded in impenetrable gloom. There are plenty of these latter—enough to make us extremely wary as to our assestions of their verities.

To bridging some of these chasms we feel that we have contributed. The doctrine of selective absorption by the cell, and the application of the vasomotor remedies to the treatment of pneumonia, have cleared up the mystery of the success of various able clinicians with diametrically opposite remedies, applied on diametrically opposite conceptions of the conditions to exactly similiar conditions, and yet with equal success. No adequate explanation of this phenomenon had previously offered. The application of the calcium sulphide saturation principle to malaria and yellow fever prophylaxis has also explained the immunity of persons who used artesian sulphur water, and harmonized this clinical observation with the mosquito infection theory without the assumption that one party must consist of fools or liars. The men who observed that malaria ceases in some cases when the water of the bayous and swamps was replaced by artesian water were right in their observation but wrong in their explanation of it. They held that the fact indicated the transference of malaria to man by the medium of the water; not suspecting that they had secured im-

munity through the sulphides in the artesian water. Their observations were correct, their inference wrong.

In like manner many of our difficulties and differences of opinion will disappear when we learn to distinguish between our observations of phenomena and our hypotheses in explanation thereof. One is absolutely true to us; the other not necessarily so.

Thus we cap the keystones of two firmly built arches in the fair structure we are erecting of Scientific Therapeutics. The work has been slow but at last the building begins to show above the ground level. Firmly planted on the bed-rock of truth, the foundations are laid upon experimental therapeutics. Every stone is tested in every possible way before it is laid in place. One hundred and fifty-five of these stones are in place, in the Textbook of Alkaloidal Therapeutics. Begin by studying them, and re-testing them. The foundation can not be too secure. Add to it by examining the numerous active principles as yet known only to the chemist. The superstructure is to consist of the clinical applications of these remedies, made in the light of an intelligent knowledge of pathology, psychology, physiology, biology—how far back can we go?

The need is for workers. The materials are plentiful. The tools are ready, of the finest temper; but we need the hands to wield them, the brains to direct them. Battleships are good, but the men who can direct the mechanical forces making up these huge leviathans of steel and power are essential. Remedies of standard strength, whose powers have been determined more precisely, by more

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Minnesota forbids refills of cocaine prescriptions and giving copies to the patient or prescribing it to a habitue.

Minnesota has made reciprocity in registration of physicians optional with its State Board, not compulsory.

scientific methods, than in the case with any others, are ready for use. The most complete instructions are available for their clinical applications. The great Book of Nature is spread wide open before you, in which you may read the truths of pathology. No superhuman qualities are necessary to utilize these opportunities. Every physiologic and pathologic fact you possess, even the crudest and simplest, qualifies you to apply remedies whose powers you know; and every case adds to your knowledge of these fundamental conditions. It may look difficult, until you try it; then it is so easy that the practice of medicine becomes as simple as the alphabet. Get once out of the rough ways of a warped and unnatural method and the work of the physician is a constant delight.

Physicians who have not made the plunge listen to us and say: "Oh, you are too enthusiastic!" or, "you are too scientific for me. I am just a plain old doctor, and I can not learn these new-fangled ways after so many years of the old ones." That's just where he makes his mistake. It is not difficult but dead easy—not taking on a new burden but casting off an old one.

What is Science, after all, if it be not Truth? It is Intelligence displacing Ignorance, Superstition, and Prejudice; Comprehension instead of routine; drawing the head down by Carus' curve instead of trying to pull it by main force through the pubis and the perineum; dressing the cord aseptically instead of piling up on the abdomen half a yard of it with rotten salve to decompose as is still done in some lands; getting and applying knowledge in a thousand ways instead of doing silly things because they

always have been done; giving baby his mother's milk instead of pouring artificial abominations down his throat; giving medicines that relieve the conditions you see, instead of a prescription because some other man recommends it—it is the application of common sense, educated sense, illuminated sense—what sense you have and what you know, to what you yourself see with the eye of sense and the mind's eye.

Difficult? Bosh! It's dead easy! And because it's so very easy, simple and sure is why you, perhaps, do not catch on, why you are not as enthusiastic as you should and will be when you catch the simple truth and make it your own.

Don't be scared by the prospect of a little work. It will do you good to rouse some of those gray cells that have been degenerating from disuse all these years. We only wish for your sake it were harder. But never mind that. If we once get you interested you will work in spite of yourself.

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#### ONE-DAY PNEUMONIAS.

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The highly scientific gentlemen who have been asseverating that pneumonia can never, no never be shortened by any method of treatment that has been or ever will be devised, may find some food for thought and possible assimilation in a paper recently published in the *Berliner klin. Wochenschrift* and abstracted in the *Medical Record*. In this paper Bechtold enumerates many reports published that indicate that pneumonias of a single day's duration are not so very rare. At the Wuerzburg clinic ten such were recorded out of 1057. These presented the usual symptoms of this affection,

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English shortens typhoids by sweeping out bowels and giving carbol camphor afterwards; same results as we get.—*Med. Record*.

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Salge says a mother's coryza endangers nursing more than scarlatina, etc.. Tubercle alone compels weaning.

well marked, and terminated with crisis. Whether the malady ran through the classic course in this brief period or was aborted was undecided, as unfortunately no opportunity for autopsies was afforded. The quick recovery was variously attributed to unusual powers of resistance on the part of the patient or to decreased virulence of the germs. No claim was put forward on behalf of the treatment, this being in Germany.

The possibility of cases ending spontaneously in twenty-four hours being admitted, the further claim that such a result may be favored by treatment can not be so very preposterous; in fact, the burden of proof would seem to be laid on those who deny such a possibility. It is for them to demonstrate the impossibility they assert, not for us to prove a negative. Not being an apparent and palpable impossibility, we may ask what is shown by the testimony presented. We find that there is a vast mass of such evidence, going to show that when a certain method of treatment has been adopted the physician begins to meet these short, abortive cases in numbers away ahead of those shown in his previous practice. The type of the disease has not altered, for his neighbor physicians are meeting the same sort of cases and having the same results he had before he adopted the new method. As each new physician adopts this new method this experience is repeated; the abortive cases become more frequent.

This experience is not confined to any section, or to any season or year, but is repeated in all parts of the country, year after year, until the uniformity of the results following the adoption of the new method constitutes a phenomenon to

which no other explanation is possible except the application of the law of cause and effect. One man announces that a great change in the duration of his cases and their termination has followed upon the adoption of the alkaloidal method of treating pneumonia. One hundred other men testify that they have experienced similar benefits from the same change. One thousand others confirm this from their experiences; and ten thousand others follow with the same evidence. The only reply is, "Impossible. pneumonia is a self-limited disease, pursuing an invariable course." But this is shown to be untrue, even when no treatment is to be credited with the results. Is it then to be held that this short course is only impossible when treatment is given? That is the only logical position for those who still claim the uselessness of attempted intervention, and the impossibility of effective treatment.

If any benevolent gentleman will take pity on us and point out the fallacy in the above argument we will gratefully give space to his effort at our enlightenment, for the instruction of the profession and the benefit of humanity.

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#### TUBERCULOSIS—OUTDOORS.

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There is so much to be said in favor of the fresh-air treatment of tuberculosis that we have hesitated to utter a word that might be construed as an attempt to discourage the praiseworthy effort. But it looks as if a really valuable method would be shipwrecked by injudicious piloting.

Of the advantages of open air we need not speak. Tuberculosis is a disease of the house—and the closer the outside air

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In case of fresh traumatic amputation of finger try replacement of the member after careful cleansing; unites once in a while.

Verbenin is useful in malarias; cholagog, nervine, expectorant, diaphoretic; with euonymin and quinine ars. or hydrofer.—Burnett.

is kept out, the greater the ravages of this malady. But—is this *all* there is to the treatment of a disease that slays more human beings than any other?

The writer has lived long enough to witness the rise, culmination and fall of a good many schemes for curing consumption. Most of them had elements of good in them, and could have been used with benefit by intelligent, cool-headed physicians, who possessed the discrimination to apply them properly to suitable cases. But each was flung into the hands of an unwittingly ignorant laity, and a scarcely less qualified set of enthusiasts in the profession, with disastrous results. Everything else was cast to the winds; the experiences of the ages deserted and all that might have rendered the method effective as accessory treatment ignored. There may be methods of treating disease so tremendously effective that the accessories may be disregarded, but such panaceas have escaped our search up to the present.

Acting on the popular fad, a little girl near us was placed in a tent in an open field, half a mile from home, and there, in due time, she died. How many of our readers can repeat this report?

There is no disease that requires so much treatment, so great skill and such constant watchfulness, such altering of remedies with shifting, kaleidoscopic changes in the conditions, as pulmonary tuberculosis. Place the patient in a tent, under the care of a master of the art of medicine like Pettit, with sedulous watchfulness to obviate dangers and conserve strength, and the results will be prolonged life, relief from suffering, shunning of dangers, combating of downward tendencies, and in a fair pro-

portion of cases even a cure, temporary or permanent.

Give the laity the impression that tent life is a cure, rendering all else insignificant, and the physician superfluous, and the "cure" will prove deadly, the method receive an undeserved setback, and the way be left open for a much less desirable form of popular delusion.

Years ago, when the craze was for certain widely-advertised localities whose air was claimed as fatal to the tubercle bacilli, the writer told Dr. Babcock that his patients would do better here at home under his care than they would in any other climate on earth without his care. Heresy, of course—we are always heretical—but this is true as related to the tent fad as it was then in regard to the mountains.

Nothing counts for the consumptive as much as a real physician who knows how to manage such cases. Open air is one agency for the treatment of some forms, and may be the most important single element but never the only one.

Now a few words to the doctor: No subject is better worth your attention than the prevention of tuberculosis of the lungs by the effective treatment of your pneumonias. How many consumptions originate in an uncured pneumonia we can only guess, but the number is frightfully large. And it is unnecessary, for we know that there is an effective method of treating pneumonia. Break it up as quickly as possible, before the malady has become firmly seated in the pulmonary tissues. Stick to your patients until every trace of the disease has vanished, instead of quitting as soon as he can leave his bed, when undue exposure, autotoxemia and imprudences

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Cohn found gelatin jellies useful for the diarrheas of children and as a stomachic. Not hard to take when well prepared.

Jacobi said the time to treat heart failure is before it happens. He spoke of diphtheria but it applies to pneumonia.

generally may arrest the resolution and leave an area in the lungs well suited as a soil for sowing tubercle bacilli.

As usual our cry is, more attention to the patient, a deeper study of his physiologic processes, more insight into his pathologic deviations, a more accurate fitting of therapeutic agencies to his needs, and we might add as necessary corollaries, fewer patients and better pay for your work.

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### THE TUBERCULOUS POOR.

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The greatest problem in dealing with tuberculosis is to do just the right thing, the best thing, for the consumptive poor. The rich and well-to-do can be sent to sanatoria and given the benefit of skilled medical attention with all that is best in modern treatment, but until the state provides adequate facilities for the care of the consumptive poor this class must engage our hearts and minds, for among them is the foundation of the whole problem.

In this connection we call attention to the following excerpt from a circular issued by the Committee on the Prevention of Tuberculosis of the Charity Organization of New York City, anent the consequences arising from the practice of sending poor consumptives to Arizona, Colorado and California:

Extensive experience has taught us that, difficult as it may be for a poor man to recover from tuberculosis in this city, he is better off here among his friends and relatives, where there are more adequate hospital and dispensary facilities, than he is far from home, where he is thrown entirely upon his own resources and where the great number of consumptives willing to work at the low-

est wages makes the finding of employment, especially of suitable employment, almost impossible.

Favorable results from climate can hardly be looked for unless at least \$10 per week can be spent for board and lodging. The stranger, who has spent a large part of his savings on railroad fare, soon finds himself without work, living in the poorest rooms, eating the scantiest and cheapest food.

The practice of advising the removal to other climates thus defeats its own aims and casts upon the charity of other communities a burden which they should not and cannot sustain.

We invite the coöperation of the medical profession, therefore, in preventing persons suffering from tuberculosis from being sent to other states unless, (a) They are physically able to work and have secured in advance a definite assurance of the opportunity to perform work of a proper character at wages sufficient for their suitable support; or (b) unless they have at their disposal at least \$250 in addition to railroad fare.

An organization which is doing practical work to solve this problem is the Salvation Army. In the December CLINIC will be found a brief description of an institution which it is maintaining in Colorado for just this class, of people. We want to urge every reader of the CLINIC to help along the splendid work this noble body of men and women is doing.

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### NO TIME TO READ.

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Once in a while we get a letter from some doctor ordering the CLINIC discontinued "because I have no time to read." This always makes me smile. I like to see a doctor busy, for to be busy means (or should) plenty of money in the purse and some in the bank—a well-stocked

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Pneumonia: A hard pulse may be softened by glonoin or veratrum but in high altitudes it is uncommon.—Wilson, *N. W. Lancet*.

Pneumonia: In old people with hard pulses and asthmatic tendencies glonoin is often of value.—Wilson of Utah.

medicine cabinet, more and better surgical instruments, an office furnished with all the contraptions which help in business boosting, shelves full of books, and tables piled with medical magazines. That's real prosperity. These things mean that here is a doctor who is so much alive to his own interests, as well as to those of his patients, that he is going to have all of the tools of his trade about him so he can constantly improve the quality of his work—do as well as the next fellow and command as big fees.

There is something radically wrong with the man who has "no time to read." If he hasn't the time he should take the time, just as he should to eat and sleep. How else can he know what is going on in the medical world? What advances are being made? Does it never occur to him that the reason he lost that case yesterday was because he is *already* behind the times—even though he is out of college less than five years? The fact that very likely would have saved the life was in the magazine (likely in the CLINIC) which he never took the trouble to open. No matter how successful he may be, sooner or later he will be replaced in the affections and confidence of the community by young Jones who has hard scrabbling enough now, God knows, but who is forging to the front, because *he* has "time to read."

It's a strange thing, but you never hear of any men of the first eminence in the profession who have no time to read. Yet they must be busy or all signs fail, for how else did they attain their eminence except by knowing things that others did not know and doing things that others could not do. Read? Why,

these men are continually reading. In their "spare moments" they not only keep up with the profession, but keep ahead of it. The queer part of it is that these men have also time for recreation, for outside non-medical avocations. Virchow was a master in anthropology as well as in medicine, Billroth played the piano and knew music like a master, Weir Mitchell not only made a place for himself at the head of the psychiatrists but is one of the greatest of American novelists, while our own Senn, in the hours when other men sleep, writes medical books, books of travel, and even now and then breaks out in verse!

"No time to read?" My dear friend it isn't so. The trouble is that you are too blooming lazy (pardon the lapsus, a less forcible word will not do and we dare not use a stronger); you had rather take a nap or have a "quiet smoke" after the labors of the day, or spend your time in some other idle way, than to get right down to this building business—this making of better doctors. Gradually, how gradually you can hardly say, you got "out of the notion," and now you delude yourself with the belief that you are "too busy!" My poor friend, you are going to have time enough "for reading" or anything else after a bit. Really, wouldn't it be better to take a little time right now, and keep "in the swim?" "Work?" Of course it is, but it pays.

#### SOLANINE IN EPILEPSY.

From every quarter we receive gratifying testimony as to the value of solanine in the treatment of epilepsy. We have long recognized the need for an agent that will subdue abnormal irri-

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We sold burdock root at 8c per lb., receiving \$200 per acre, while the neighbors cursed it as a weed.—Long, *Pharm. Era*.

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We cleared weeds away for farmers, getting more for them than they got for their crops afterwards.—Long, *Pharm. Era*.

tability as the bromides do, without the vital depression and the destruction of digestion produced by these salts. This remedy seemed to us to be presented in solanine. We secured the alkaloid, gave our readers a resume of the literature on it, and placed it in the hands of the profession. That limits our functions. It is up to you, our readers, to put such agents to a clinical trial, and to determine their place in therapeutics. We are collecting all the reports we receive and in due time will place them on record in the CLINIC.

Solanine does not find and remove the exciting causes of epileptic paroxysms. Finding and removing the causes does not remove the abnormal irritability that makes these causes induce convulsions in these persons while other persons do not have convulsions from the same excitants. The two go inseparably together—there must be detection and removal of excitants and quelling of abnormal excitability, to cure epilepsy.

But solanine seems destined to replace the bromides if the subsequent experiences of our friends harmonize with their first reports.

Try it—and report.

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### WE'RE PART OF A CROWD.

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On all sides there are evidences that somebody is beginning to sit up and take notice. We have carried on the war against pessimism and nihilism in medical practice for so many lonely years that we had gotten to look upon it as our own private quarrel, forgetting that the truths that appeal to us most strongly are those that likewise appeal to many others. So that when we read the fine

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There is big money in growing and collecting medicinal plants on a large scale if one knows the plants.—Long, *Pharm. Era*.

editorial in the *Medical Record* of October 28, entitled, "Is Pneumonia Incurable?" we had to ask ourselves if such strong, hopeful, sentences could have emanated from any place outside the CLINIC circle. But closer examination discloses the complete independence of the source, for while the writer enumerates about eleven successful methods of treating pneumonia, the alkaloidal methods are not alluded to. In another place a reviewer in the *Record* alludes to the black, hopeless skepticism of Osler as a therapist, in a way that must shock the men who have set that distinguished pathologist up as a little tin god to be worshipped from a distance.

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### VERATRUM OR VERATRINE?

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Veratrine is not the alkaloidal principle of veratrum viride but is derived from cevadilla. It is however a better representative of green veratrum than any single alkaloid from that plant, or combination of alkaloids. The great value of veratrum viride as a remedy for fever and for such toxemias as eclampsia lies in its possession of the following characteristic powers: Veratrum viride lowers fever, quells abnormal rapidity of the pulse, opens all the doors of elimination, and relaxes vascular tension. Its safety lies in the fact that it causes nausea and diarrhea when given in doses still too small to cause dangerous weakness of the heart. By relaxing tension and increasing the elimination of solids and fluids by the kidneys, it provides for its own elimination and that of any other toxin that may be in the system.

In all these respects veratrine exactly

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Rolly found few bacteria in the small bowel, more toward the end; the bowel had a distinct bactericidal power.—J. A. M. A.

parallels veratrum, better than does jervine or any other alkaloid of this group; hence it is preferable to any one of them, and to veratrum itself because the latter is never so uniform in strength and action, and cannot be employed in emergencies by hypodermic so well—is not so speedily put to work, nor does it cause as little irritation.

The veratrine of the U. S. P. is a different preparation, consisting of a combination of active principles, hence varying in composition and effect. It is very properly limited to external use.

When catarrh of the stomach is present, a granule of veratrine, gr. 1-134, dissolved in four ounces of water, will cause a sense of burning in the stomach. The dose should then be reduced if the remedy be continued, till this reaction is no longer manifested.

Veratrine is the only remedy for continuous abnormal vascular tension. None of the nitrite group is available for a sustained relaxation; veratrine is perfectly effective, safe and manageable.

The prejudice against this remedy is difficult to comprehend. Had it been a German synthetic instead of a common American weed, possibly it might be somewhat more popular in some quarters.

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### WHAT DO YOU WANT?

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Doctor, how do you like this number of the new CLINIC? What do you like best in it? What do you find unsatisfactory or frankly disapprove? Is there anything that you think especially strong; anything particularly weak? Is there anything we should add; anything we should omit? Go through the

whole journal "with a fine-tooth comb," read it carefully from cover to cover—leading articles, editorials, gleanings, the new departments, the miscellaneous and the queries—and then send in your pointers, suggestions and criticisms.

The CLINIC is your journal. We want to make it accord with your ideals as to what "the best journal" should be—to make it fill your every-day needs. But to do this we must have your help, your sympathy and your criticisms. Therefore, tell us how we can make it better. Brethren, what do you want? Please tell us.

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### FADS, FRAUDS AND FOLLIES.

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One of the strongest presentations of the vexed problem of the quasi-medical sects, the patent-medicine evil, and of the fads, frauds and tomfooleries generally which have fastened themselves, like an "old man of the sea," upon the "honorable art of healing," is presented in a paper by Dr. Y. L. Abernethy of Chattanooga, Tenn., the first part of which we are glad to give our readers in this number of the CLINIC. The article needs no commendation. It speaks for itself. We want "every man Jack" of you to read it.

Dr. Abernethy, as we have said before, is a fighter—but always a fighter for the right as it is given him to see the right, a modern Roland, *sans peur et sans reproche*, who makes war without quarter upon all that he believes false, insincere and unclean. He speaks warmly, because *he feels warmly*—as every medical man must who gives this question the consideration it deserves.

We need more fighters, more men like

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Peristalsis is not bactericidal but bacteria flourish when stagnation of the bowel contents occurs.—*J. A. M. A.*

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Bile and pancreatic juice are not bactericidal alone or combined but form good cultures for microbes.—*J. A. M. A.*



Abernethy who, because he knows of the evils of drink, is not afraid to go into battle with the whole devilish traffic—single handed if necessary; who can not see any evil that should be wiped out without the old war-spirit rising up within him. Give us more uncompromising fighters like this, and may they all be as clean, as kindly, as courteous, as truly *gentlemen*, in every good sense of that much abused word, as our friend Abernethy.

### GIVE HIM A BOOST.

We have always insisted that between scientific medicine and scientific pharmacy there is absolutely no quarrel, and as each profession rises higher in the ethical scale they approach each other more nearly on the plain of amity, good will and community of interests. We therefore take particular pleasure in calling

thankful to know that there is at least one pharmacist who takes such a stand, and we ask our readers that every one of them, within a hundred miles of Lee's Pharmacy, should recognize the act by sending him every bit of custom they can properly throw in his direction. And whenever they find a strictly ethical, scientific pharmacist like Lee, they should utilize the whole weight of their influence to emphasize the distinction between him and the other kind. By so doing you will encourage the sort of pharmacy that respects itself, and deserves a place by the side of truly professional medicine.

Keep your eyes open, Doctor. If you have in your town an honest pharmacist like this, capable and skilful, "give him a boost" whenever you consistently can.

### A GOOD NUMBER.

The November issue of *Southern Medicine and Surgery*, published at Chattanooga, Tenn., and edited by our good friend, Dr. Raymond Wallace, is a special "quarantine number" and contains a full report of the Southern Immigration and Quarantine Convention which held its session in Chattanooga. We wish to compliment Dr. Wallace on this number; it is a good one, profusely illustrated and contains a detailed account of the work of this important meeting. A resolution was passed asking the United States to take charge of quarantine matters and to make an effort to stamp out the yellow-fever mosquito.

Send for a copy of this excellent journal.

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ALASKA  
BUILDING

the attention of our readers to the following advertisement clipped from *Northwest Medicine*, placed there by a pharmacist located, we believe, although unfortunately the advertisement does not say so, in Seattle, Wash. We are

The living intestinal walls exert a bactericidal action the exact cause of which is not definitely known.—*J. A. M. A.*

Acidity of chyme entering small intestine inhibits bacterial growth; quick exchange of reactions also inhibits.—*J. A. M. A.*

# LEADING ARTICLES

## THE OUTLOOK: A CALL TO LABOR.

BY WILLIAM F. WAUGH, M. D.

**T**O anyone who scans the pages of medical periodicals it is evident that a great change is manifesting itself. Signs of renewed activity in therapeutic lines, of a healthy reaction against the ultra-scientific spirit that despised utility, are cropping up in the most unexpected places.

No portion of the people is more susceptible to the influence of fashion than the medical profession. During the past quarter century the Vienna school has enjoyed the hegemony of the medical republics, and her ideal of the worship of pure science, undefiled by any consideration of such a vulgar thing as utility, has prevailed. But the time has come for the divinity to be called in question. The jackal head of Anubis is discerned behind the semblance of the Shepherd, and through the swirling clouds of smoke from the incense emerge the frightful lineaments of Moloch instead of the beneficent features of Jahveh.

After all, this emasculated species of science is wholly exotic, un-American to the last degree. American science has from its inception been characterized by intense practicality. In 1833 De Tocqueville wrote that the American cared only for such science as he could put to immediate, practical use; for science merely as such he cared not a jot. When one sees about him countless opportunities

for the application of such utilitarian knowledge going undeveloped, while men and women and little children are suffering and dying for want of just that knowledge, he must most earnestly pray that the present-day American may return to the low ideals of his forbears, and leave the strictly ornamental departments to be cultivated at a time when there is less crying need for the practical part.

And that is exactly what the present-day American doctor is doing. He is revolting against the theory that deprives the doctor of all value, and transforms him from a true helper in times of trouble into a dilettante spectator.

The nihilistic school found its greatest exemplar in Osler. This distinguished pathologist knew nothing of real therapeutics, not even enough to realize that such a science existed; yet the strength of his personality, the weight of his authority, were such that he has rested and his memory still rests like an incubus on the profession of his adopted country. England has given him a hearty welcome; we are glad she has done so; we hope he will stay there. Scarcely had he left our shores when evidences of a revolt against his sway were manifest. A reviewer in a great Eastern journal had the temerity to speak of his "black, hopeless therapeutic pessimism," as if that were an objection, as if this were not an imperial crown on his head.

Therapeutic papers begin to reappear in the journals; and here and there a medical paper contains some stout assertions as to the value of treatment. There is an unwonted tone of positiveness about these also — no timid suggestions that, peradventure, the remedies may possibly have exerted some not altogether unfavorable influence on some of the minor phases of the complaint, but good, wholesome claims that the drugs were administered because their effects were evidently needed, and that results confirmed their expectations. Therefore, we begin to surmise that there still remains a modicum of latent virility in American medicine. Whatever may be the state of affairs in Europe, America still possesses a share of that redundant masculinity that has carried and keeps her to the front in the hot race for pre-eminence among the nations of the world.

Singularly enough, this revival of belief and interest in therapeutics is not manifested in the quarters where it should be most legitimately expected. Therapeutics in the medical colleges is dead. Bartholow inaugurated a revival years ago, but the time was not ripe, and his influence was insufficient to stem the tide of pessimism then swelling. His successor, Hare, by his strong personality stands today as the most prominent figure in American therapeutics among the teachers of this branch; but there is scarcely a second whose name is known beyond the walls of his own institution—and even here he is never the leader—the acknowledged strong man of the faculty, but rather the man of mediocre importance, to

whom is assigned a chair of still less importance that “anyone can fill.”

The strong personality is of course the surgeon; the therapist is of so little account that some prominent institutions have actually abolished it, leaving the whole department in the hands of an “Assistant Professor of Pharmacology,” or as in one instance, a “clinical assistant!” Doubtless even this shadow would disappear from the faculty list, were it not for the requirements of the State Examining Boards, which not unreasonably demand that the physician should receive at least nominal instruction in the matter of drugs and their applications.

It may be worth while to glance at the causes of this depression of what should be one of the most vital of the departments of a medical education. We find in current medical literature a countless number of more or less witty, epigrammatic references to the worthlessness of drugs as remedies. These have long served to lighten the dull pages of our journals. Medical wit seems to have settled solidly into this groove, scarcely any other variety of the “medical” joke passing current. Holmes said that “if all the drugs were cast into the sea it would be better for man but bad for the fishes!” Holmes was a surgeon and a teacher of anatomy; and the extent of his own knowledge of therapeutics may be judged by his recommendation of Himrod’s Asthma Cure as his best remedy for that malady. We may appreciate the wit of an epigram, but we make a serious mistake when we take it as current coin at its face.

Nevertheless there has been but too much reason for looking with contempt

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Wolffberg uses dionin in hemorrhagic glaucoma; Sanz Blanco injects it in intraocular hemorrhages.—*J. A. M. A.*

Snyder tried dionin in conjunctival hemorrhages with no benefit; in beginning pannus it cleared cornea best of all.—*J. A. M. A.*

on the crude, archaic therapeutics of the past. The legacy of a crude age, it possessed in full the rudeness, superstitions and uncertainties of a former age. Nowhere is the spirit of conservatism stronger than in medicine, and the dependence on certain drugs and methods grows more habitual as they are handed down to each successive generation. Our frame had so developed that unconsciously we had outgrown our therapeutic dress. The old broken shoes no longer kept our feet dry, but they had become fitted to them; the new ones look stiff and uncomfortable, so we hesitate to put them on. The steady and imperceptible change that goes on in all other departments of human activity scarcely manifests itself here, where the tendency is so strong for practice to become crystallized into set formulas, which are handed down from generation to generation. Nothing but a cataclysm, a violent breaking up of old things and the erection of new edifices among the ruins of the old, could make the decided alterations necessary to bring Medicine up into line with the progress made in other branches of science.

Progress is never continuously progressive but intermittent; and we frequently find it interrupted by periods of stagnation, during which recuperation is perhaps obtained. Possibly this stage of nihilism was a necessity to precede an unusually strenuous effort, for which our forces had to be accumulated. If so, its purpose has been served, and now is the time for the active manifestation—the renaissance of therapeutics. The long-clinging bonds of empiricism have been broken, and a new therapeutic system, worthy of faith, has been devel-

oped just as the necessity for it has become acutely manifest.

The old *materia medica* has been characterized by its crudity, uncertainty, and general inefficiency. Success meant the reward of a happy guess—and be the guesser never so lucky, he will not always guess right. In fact, it may be maintained that nothing is so really unlucky for the guesser as a guess that proves correct. Meanwhile it is unfortunate for the victims of the guesses that fail to make good. The whole miserable system on which the old therapeutics has been based may, with great advantage, be swept aside, and replaced, piece by piece, with the new as it is elaborated. Let us take the remedial agents we know, whose nature and action are alike uniform and unvarying; let us study each to the ultimate possibility, seeking applications for its peculiar powers in practice, and there stop until each successive piece has been elaborated, before we attempt to build it into our structure.

About the only bright spot, during this period of therapeutic depression, was afforded by the enterprise of the manufacturing chemists. They promptly moved in to occupy the vacant field, and since the doctor had lost faith in his ancient remedies they supplied a line of new combinations, the old under new forms, which they urged upon him with a vehemence that carried a certain degree of hopefulness with it. The dispassionate historian will not refuse to these gentlemen the credit they justly deserve, in filling fairly full (if not always well) a gap that, as it was, let in too many of the quack fraternity. To the men who devised remedial combinations of assured

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**Glaucoma:** Snyder prefers dionin to eserine, relief from pain being very marked, from lessening of pressure.—*J. A. M. A.*

**Dionin:** Best results followed placing specks of the powder on cornea; more points the better the relief.—Snyder, *J. A. M. A.*

value and promoted them successfully, we owe far more than at present is acknowledged. The proprietaries were distinctly better in many respects than the crudities that preceded them, and they still serve a useful purpose, though the development of the newer method is pushing them, in turn, into obsolescence.

Twelve years ago THE ALKALOIDAL CLINIC was founded, with the view of pushing the claims of the active principles as remedies. The advantages of these agents were evident—they were uniform in nature and unvarying in effect, their powers had been studied out with a completeness of detail impossible in the case of ordinary drugs, and their clinical applications could therefore be made with the utmost precision, from a certain knowledge of their action on the functions of the body. Many other advantages were found to accrue to their use, such as the smallness of the dose, their quick solubility and absorbability and consequent promptness in getting to work, the ease of administration, the certainty of prognosis as to manifest effects, and hence the precision possible in directing the attendants of the sick, etc. These advantages were so obvious that little theoretic opposition to them was manifested. Everyone acknowledged that this was "the coming system"—but not that it had already arrived.

The system had been scholastically advocated for some years—fifty in Europe—but made little actual progress in the practice of the profession, until the time was ripe. It was being discussed in a decorous, intellectual manner, in this country, with no undue display of enthusiasm, when suddenly there burst in among the quiet assemblage a huge

chunk of Vermont granite, within whose meshes had been compressed a Western cyclone—and things were promptly doing! The academic quietude vanished, and instead there was a strongly insistent clamor for immediate and radical reform.

"Men were dying because we sat discussing when we should be up and doing.

"Now, *now*, NOW is the time to do the right thing, because it is right.

"Hang expediency! Bother your talk! Get busy; get to work; do it now!"

Here is a reform so palpably evident that you haven't a decent argument to adduce against it; a reform that means a saving of lives now being lost; a manly stand against interlopers and for the dignity and emoluments of our profession, that are being carried away from our homes before our eyes—and yet you sit here and *talk*:

Wake up!

Hustle!

Whew!

Many resented the rude awakening. Some sneered at it; others opposed; many sat stolidly back and refused to be stampeded—or to budge from their comfortable seats. To some, however, the sensation was not unpleasant, but, rather, like the beneficent shock following a cold bath; and the aroused vitality, the reviving energies, were really exhilarating. Hope began to spring up. Examination of the matter served to induce a conviction of its true value; and the more it was studied the greater appeared its possibilities for good to the profession and to humanity. Faith is forthcoming as soon as it becomes evident that there is a sufficient basis for

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Never incise a swelling in the course of a large artery without making sure that it is not an aneurism.—*Am. Jour. Surg.*

In wounds made by coal on exposed parts of the body remove all particles of coal dust; otherwise there will be pigmentation.—*A. J. S.*

faith. As fast as one becomes imbued with faith he feels the need of imparting this to the others—and where is there an occupation as delightful to man as the inculcation of life-saving truths in the hearts of his fellows? Hence the result.

Under such vigorous promotion the affair was bound to grow—and grow it did, until it is safe to say that there is not a physician in America who has not had his attention at least forcibly and truthfully if not always elegantly (yet always ably) directed to the merits of the active principles as medicines. Sometimes a man draws aside distrustfully, and coldly refuses the proffered discussion—but he is simply backed up into a corner, and his eyes and ears are propped open if necessary until he has received his lesson—then, if he proves too encrusted with prejudice to be thawed out, he is buried with the rest of the fossils and let alone thereafter, or incubated to a new birth.

But in the meantime, we who advocate alkaloids have not been the only workers. In other lines men have been developing remedial agencies of permanent value. While we look upon the active principles as the main agents of this therapeutic revolution, we are too loyal to our professional principles to advocate them to the exclusion of other agencies of value. Hence the time has come when the name of “alkaloidal” has ceased to represent the true status of this movement. It is not the alkaloids alone we advocate but Scientific Therapeutics, of which the active principles form a very essential—in fact the greatest part, but still only a part. We align ourselves with every man in medi-

cine who believes in his art, and who wants to make himself as useful to his patients as he possibly can, and is ready to avail himself of every proper means of aiding them on the way to recovery. The broadest platform is none too broad for us; the most ethical standard none too high. We reach out our hands to join those of every earnest, honest worker; if he doesn't meet ours in friendly grasp we will take what good he has created and use it anyhow.

We have an abiding faith in Therapeutics, of the drug variety especially; we have a wholesome, happy, confiding faith that the beneficent Creator has designed for every human ill an antidote, leaving to us the salutary task of discovering and applying it. We have ourselves developed some applications of therapeutic agencies that we deem of permanent and profound utility; and we believe that among the 140,000 other physicians of America, there are just about that number who can, if they will, aid in this work and add to the sum of our professional stock of knowledge.

We believe that no group of men has ever formed a wider or closer acquaintance with the same number of physicians than we have, and the more we know of them the higher is our esteem for this the most modest, self-sacrificing, highest-principled, and most capable class of Americans. The renown accruing to our country and people from the great work done by our medical representatives in Cuba was no surprise to us—we knew they had it in them. The possibilities existing, unconsciously to them, in these men of the medical profession are beyond calculation.

Our work is syncretistic. We seek to

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\*After major amputations have elastic constrictor at the head of the bed ready for secondary hemorrhage.—*Am. Jour. Surg.*

In performing subcutaneous infusion do not introduce too much fluid in one area; danger of tissue necrosis.—*Am. Jour. Surg.*

draw together and to unify the observations of many thousands, to bind into a strong fagot the many individuals whose force is now largely wasted. The man most welcome to us is he who sees wherein our work can be bettered, and who will show us this by bettering it. No petty jealousy will meet his efforts. We are not vain—but, the rather, only too conscious of our own deficiencies and shortcomings. There is work, strenuous and vital, for the whole vast body of

American physicians to whom we appeal!

We seek to rejuvenate, to develop, to recreate, to vivify Therapeutics. Come and help us do it. We need you. The profession and the world need the help of every man who is willing to do a stroke of good honest work. The field is ripe to the harvest! Put in your sickle, Brother, and, for the sake of humanity, for our own professional betterment, reap, work, *from sun to sun*.

Chicago, Illinois.

## SHALL THE SPECIALIST PAY A "COMMISSION" TO OR DIVIDE A FEE WITH THE GENERAL PRACTICIAN?

A DISCUSSION OF THE EQUITIES OF THE QUESTION.

BY EMORY LANPHEAR, M. D., PH.D., LL.D.

Formerly Professor of Surgery in the Kansas City Medical College; Professor of Principles and Practice of Surgery in the St. Louis College of Physicians and Surgeons; Fellow of the St. Louis Academy of Medicine.

**T**O the question, Is it ever justifiable for a specialist to pay a "commission" to the family doctor for business sent? there can be but one reply: No! Any physician who would try to sell his patient to the highest bidder among the specialists is a rascal of the worst type. No reputable surgeon, gynecologist or any other specialist will consider any proposition from such a doctor, nor will he offer to pay a fixed commission on fees he may receive from patients sent him; any man who does so should be regarded as incompetent and dishonest.

### COMMISSIONS NOT JUSTIFIABLE.

If the practice of paying a commission for all business sent were universally accepted and practised, the logical course of events under the plan, so far as concerns the physician himself, would be:

That very soon the least competent operators would offer the best "commissions"—and have the highest death-rate, thus hurting the family doctor at last far more than he could possibly gain, not to mention the injustice to the patient; better specialists would have to "compete" or starve; and the ultimate result would be deplorable from every standpoint.

*We may therefore conclude that it is not right for the doctor to demand nor the specialist to pay a commission.*

### DIVISION OF THE FEE DIFFERENT.

But—there is a vast difference between paying a "commission" for all business supplied and dividing a fee under appropriate circumstances. For *a division of the fee is not only proper, it oftentimes is imperative, if an injustice is not to be done the family doctor*. This is not to be regarded as a "commission"

The University of Kansas has on its Faculty twenty-seven Professors of Surgery and not one on Therapeutics.

Northwestern University leaves Therapeutics in the hands of an "Assistant Professor of Pharmacology."

for business sent to the specialist, nor is it to be made for consultations or simple, referred cases; it is when the specialist and the general practitioner work hand in hand on the same case; practically for the time being, they are partners; dividing the work, the responsibility and the fee.

#### THE SPECIALISTS' ATTITUDE.

A large proportion of specialists claim that if a patient is affected by an ailment beyond the skill of the average practitioner, it is nothing but right that he shall be sent to the specialist, with a letter explaining previous condition and treatment, ability to pay, etc.; and that the specialist shall do the best he can for him, accept the fee and thank the doctor, returning the patient to his usual family attendant at the earliest possible moment; not taking the general practice of the man's family himself (as has frequently been done in this and other cities by "specialists"), nor turning it to some friend. This is the ideal relation between specialist and doctor, where the specialist for the time assumes sole charge, and the whole responsibility. There should be no "commission" paid in such a case; no "division of the fee" mentioned.

Nor should there be when the specialist is merely called in "consultation." Then he goes to the patient with the doctor, makes his examination, gives his opinion and advice to the attendant, receives his honorarium, and leaves the case to the family doctor. Here also it would be the height of absurdity to offer or ask a division of the consultant's fee.

#### THE OTHER SIDE.

Unfortunately the "ideal" condition

does not always prevail. Only too frequently the family doctor does far more work than the specialist, assumes much more responsibility and receives practically nothing for his services. Sometimes every available dollar is paid to the specialist, who in his "greatness" forgets the interests of his brother. If one suggests that a part of the fee be given the attending physician the hands of the specialist are raised in horror as he exclaims, "It isn't ethical." The truth of the matter is that such men are egoists,—every one of them—men working solely for their own financial benefit, regardless of the interests of their struggling brethren of the field of "general practice." It isn't excess of moral sense which makes them condemn the practice; it is pure selfishness: Disguise it as they may, it is merely the fact that they want the whole fee, as well as the whole credit, for work which is frequently borne in greatest part by the family doctor. The specialist gets the money and the physician gets the "cussing" if things go badly.

#### INJUSTICE TO THE DOCTOR.

Specialists who severely condemn division of the fee, regardless of circumstances, are doing a world of harm; but they are not perhaps to blame—some men never can see the right side of anything, precedent and prejudice are so blinding; and, then there is the ever-present avarice to contend with.

I have known a most kind, skilful, humane physician, poor as the proverbial "Job's turkey," who canvassed the county in which he lives in order to secure by subscription the sum of \$125 to pay the expenses of an operation for

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The Michigan College of Medicine and Surgery leaves Therapeutics in the hands of a "Clinical Assistant and Lecturer."

In chronic malaria euonymin and calcium iodized would be a good combination. Chionanthin if very bilious.—Burnett, *Med. Sum.*



ovarian tumor, the poor woman herself being able to raise only enough money to purchase her railroad ticket, with \$1.75 for "incidentals." This worthy doctor borrowed money for his own ticket to and from the city, accompanied the patient to the hospital, paid \$25 for her three weeks' care there; boarded at a "15-cent restaurant" for three days, until the patient was out of danger, and then paid the operator the fee previously agreed upon, \$100. As he did so he briefly (and all too modestly) explained the situation to the surgeon. Did the latter "strain the code of ethics" and divide the fee? No, he simply shrugged his shoulders and said, "I never divide a fee—it isn't ethical!" I call such a man an ETHICAL HOG.

Another instance: A patient of a country doctor has—we will say—a cancerous growth. He consults his regular medical attendant many times about an operation, spending hour after hour in the office talking of the case before deciding to "have something done." Does he pay the doctor for his time and advice? No—people in the country pay for medicine, not words; most of them would be insulted if the physician charged for mere advice. So week after week the doctor works with the patient until he finally consents to surgical treatment. Then, though he may be fully as competent to operate as is the city surgeon, he accompanies the patient to the hospital, seeing that he does not fall into the hands of a surgeon other than the one deemed most skilful, and assumes his share of the responsibility as to results; after sacrificing the fee he himself might have received for doing

the work at home. And what does he get for his advice, trouble and sacrifice—all in order that he may secure the best possible results for his patient? Probably his expenses and \$10 to \$25 for loss of time while away. Under such circumstances is he to be adjudged "unethical" for accepting a part of the large fee paid the operator? Or the surgeon criticised for offering it. *I maintain it is the duty of every specialist to ascertain whether or not the regular attendant has already been, or will be, paid sufficiently well for services rendered; if not—then to divide the proceeds equitably.*

#### INJUSTICE TO THE PATIENT.

The specialist who never thinks of dividing the fee is not merely failing to give the family doctor his just dues, *he is doing future patients a very grave injustice by leading the general practitioner to attempt that for which he is ill-prepared. For, rather than lose all the fee, many a doctor will delay operative treatment until too late, or worse—will try to perform operations he ought never to attempt.* Not every man can successfully remove an advanced cancer of the uterus, or safely trephine a spine; not every country doctor, or even "court-house" surgeon, can properly extirpate a kidney or extract a cataract. Medical education will never reach such a degree of perfection that every graduate can be made competent to perform certain formidable, hazardous operations—particularly after some years of inactivity in operative work while "building up a practice;" nor will every practitioner desire to do operative work, even though competent; tastes differ. So there must

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Caffeine ars. neutralizes the stupefying effects of tobacco; and its asthma, dyspnea and cerebral congestion.—Price, *Med. Sum.*

Glonoïn in labor for cold feet and hands, chilliness, when usually the pains are weak and without force.—Landers, *Med. Sum.*

ever be men who limit their work to certain fields; ophthalmology, operative surgery, etc.; indeed, it is well that it is so, for "practice makes perfect."

#### SHOULD DIVISION OF THE FEE BE SECRET?

Perhaps the most important question pertaining to division of the fee is whether or not the patient should be told that the physician and the specialist are taking the case for a joint-fee. It can not be denied that under ordinary circumstances *there should be no secrecy about the matter*. When a man goes into court he employs a lawyer to conduct his case; if it be a very important one his attorney says, "I shall need help and will secure Judge Blank as counsel; our charge will be \$500"—and the man doesn't care how the lawyers divide the fee; it is none of his business. So should it usually be between doctor and specialist: The patient should be told plainly that the money paid is to be divided between the doctors in proportion to the value of the services rendered by each. Most people prefer this mode of settlement: letting a certain sum cover the entire expense. In practice the matter is very easily arranged. Take my own way as an example.

#### HOW DIVISION IS RIGHTLY ACCOMPLISHED.

My work is limited exclusively to surgery and gynecology; more limited still than the average "specialist's" for I accept no patients save those sent by doctors—with the public in general I have nothing to do. My financial as well as professional success depends entirely upon the good opinion of physicians. To them I have repeatedly said I detest the

practice of "paying a commission" for business sent, I never do it and never will; it isn't right. Nor is it proper to divide the fee for a simple consultation. But my work is such that I seldom can look after the patient either before or after operation. So when I am called to operate I generally say to the patient, "Your doctor and I will do what is necessary for \$—, and we will divide this between us according to the amount of work and responsibility assumed by each of us." Or, in many cases, I say to the doctor: "This operation and after-treatment should be worth \$500. Can they pay that? Will you be satisfied to accept the fee from them, pay me \$300 and keep the balance for your services? If so, tell the people plainly what the entire cost will be, let them pay you and then you can settle with me." If there is anything wrong in either plan I fail to see it. The patient certainly suffers no injustice; the regular attendant is not subjected to financial loss that the specialist may thrive; and the operator has received his just share—no more and no less. *Division of the fee in suitable cases is RIGHT*; and is bound to grow more frequent.

#### WHAT IS RIGHT?

After a most careful study of the subject (from the standpoint of one who has been a country doctor as well as a city specialist), I have reached these conclusions: (1) In ordinary consultations no division of the fee should be thought of; (2) in cases simply "referred" to the specialist for treatment no division of fee is usually proper; (3) when specialist and doctor jointly attend a patient, division of the fee is

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For bleeding fibroids, ergotin 2, digitalin 2, every 2 hours; iodized lime gr. 2-3 five times a day.—W. C. Derby, *Med. Sum.*

Camphor, vasoconstrictor and very energetic heart tonic, is useful when morphine is stopped for habitues.—Erlenmeyer.

honorable and just—no attempt being made to conceal the transaction from the patient; (4) when the specialist operates in the home of the patient, in city or country, and the physician assists and assumes the responsibility of the after-treatment, it is the duty of the operator to ascertain whether or not the regular attendant has been, or will be, paid sufficiently well

for services rendered—if not, then divide the fee in proportion to value of services rendered.

In other words it is never right for the “great specialist” to get all the money and the regular attendant to get nothing; both deserve more than they ever get—but the “home doctor” is the one who usually suffers most.

St. Louis, Missouri.

### THE TONIC ACTION OF DIGITALIS WITH ESPECIAL REFERENCE TO ITS MOST DESIRABLE ACTIVE PRINCIPLE—DIGITALIN.\*

BY W. C. ABBOTT, M. D.

**P**ERHAPS one of the last drugs which the practitioner would think of when choosing a “tonic” would be digitalin and yet he might “go much further and fare infinitely worse.” Iron, strychnine and the host of bitter tonics act, as a rule, only as correctives of atonic conditions of the gastric mucosa and tend to increase the appetite. The drug which would make a person ingest more food-material without enabling him to digest it would be really more injurious than beneficial. Yet, as a matter of fact, this very thing happens time and time again. Some anemic, debilitated person complains of a poor appetite, a weak feeling, etc., and the doctor promptly gives quassin, strychnine or quinine, or some similar combination without at the same time making sure that the digestive system is capable of handling properly the amount of food stuff presented to it under the new stimulation.

Just here is where so many tonics fail to tone; and it is because the doctor fails to think things out that the chronic debility case has become an opprobrium. Now what is the ideal method of treating these cases? Naturally it is impossible to formulate any set rule which will apply constantly, but the main things to do are to cause the patient first to desire more nutriment and second to render him competent to utilize food matters properly.

Now, to begin at the beginning, we must bear in mind that “the blood is the life” and that with a deficiency of good blood no living thing can be normally healthy. There may be no marked or definite disease, but resistance is lowered and the vital force is just so much below par as the blood stream is beneath the average in quantity or quality. Given an insufficient supply of blood and the stomach refuses to do its duty; overload the digestive tract to which there flows an insufficient blood-current and nutrition suffers. Therefore we have, in the

\*Read at the Northern Missouri Medical Society meeting, June 15, 1905. Republished from the *Medical Herald*.

Gelsemium is useful for nervous asthenia and stage fright (Fortnightly). Gelseminine may equal cocaine and is safer.—Ed.

For obesity and the acute gaseous dyspepsia of fatties Bartholow recommended potas. permanganate gr. 1-4 to 1.

case of the anemic or chlorotic patient, first of all, to use the blood-supply available in order to make more of a better quality.

Let us suppose that the physician has attended to the primal necessities and cleaned out and rendered normally absorptive the gastric and intestinal mucosa, that he has cleaned away the debris and the effete matter and stimulated the glands to an effective point. Now the thing to do, is to administer food which is best suited to the individual case and then to insure its assimilation. If we can only get the patient to take enough to repair immediate waste we can keep him alive, but we cannot thereby better his condition to any material extent; while if we force him to eat more than he can digest we simply make matters worse.

Now if we can increase the usefulness of the blood—if we can make every ounce present in the body do the work of two we can double the assimilative power and each day increase, not alone the working capacity of the individual but absolutely add to the amount of living tissue.

It is easy to see why a full-blooded and healthy individual keeps on getting "fatter" and equally evident is it to the thoughtful man why the dyspeptic gets thinner and thinner despite the amount he eats.

In the light of the above it is rational to expect digitalin to be, as it is, the drug par excellence for use in the class of cases under discussion, and the reason why it is effective is obvious to those who have studied drug action.

It would be impossible for us here to discuss the vast subject of metabolism

and nutrition. But cellular function is dependent upon the blood-plasma derived from the arterial side of the circulation. The maintenance of circulatory equilibrium is essential if we would have normal metabolism, for unless we maintain cardiac action and arterial propulsion we deprive the tissues of that normal supply of oxygen-bearing intercellular plasma which depends upon the mean pressure existing between the arterial and venous sides of the circulation.

In all cases of disturbed nutrition there is also more or less disturbance of the circulatory system (especially is this true as regards circulatory equilibrium) and it becomes essential to restore normal conditions by the use of those remedies which will increase the functional activity of the heart and regulate the propulsion of blood through the arterial system. Provided there be no sclerotic or other degenerative changes of the vessel-walls, and that the heart itself be not organically diseased (and these conditions seldom exist in cases of debility or anemia with nutritional disturbances) the free use of digitalis will produce just the conditions we desire.

Digitalis, however, is a complex drug and it is essential that the active principle, digitalin, be used, or a very reliable tincture. In the ordinary specimen of digitalis, digitoxin and digitophyllin are present in large quantity, while digitalin and digitalein are in smaller quantity. Digitonin, a saponin-like principle is also present. Digitalin, digitoxin and digitophyllin are almost insoluble in water but dissolve readily in alcohol; digitalein is freely soluble in water. Digitonin, however, renders the three alco-

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Lecithin increases phosphoric acid excretion by urine, not nitrogen, increasing number and richness of red blood cells.—Levy.

Operating for hernia, cut till you come to the gut; and you will be a d—d fool if you cut the gut.—Ellerslie Wallace.

hol-soluble principles fairly soluble in water, so that an infusion usually has a fair proportion of all principles. The alcoholic tincture takes up the heart-tonic principles, and not the digitonin and digitalein, which are antagonistic diuretic principles. Thus, an infusion of digitalis is really the best diuretic, and, of the galenic preparations, the tincture is the best cardiac tonic. The two other principles, digitin and digitoflavon, are of little real value in either direction.

As an evidence of the complex action of this drug a recent authority may be quoted: He says, "It is positively criminal to prepare an infusion by dilution of fluid extract or tincture, since alcoholic and watery solutions contain the active principles in totally different proportions." The advanced therapist, therefore, being well aware of the unsatisfactory results obtained from fluid preparations, will use only digitalin in small repeated dosage; and when this is done he is assured of obtaining good results.

All the glucosides of digitalis except digitonin partake of the three characteristic systemic effects—heart tonic, diuretic, and artery-constricting. These are exhibited in different degrees, however, digitoxin being so powerfully constricting that it is unsafe in full doses, since it checks its own elimination and is retained in the blood with other principles that are capable of exerting a toxic effect. Digitalin is perhaps the most notable heart tonic; but digitalein exerts this power to a sufficient degree, and is besides the most effective of the diuretic principles; so that it is the safest for general use, since it provides for its own elimination and cumulation is im-

possible with it. Besides, it is water-soluble, and may be administered hypodermatically, and gets to work more quickly than the principles that are only soluble in alcohol. For these reasons the profession has learned to prefer for general use the so-called Germanic digitalin, which consists principally of digitalein. The sole use for which digitoxin is best suited is as a hemostatic, but here it is superfluous because we have so much better agents, atropine being much speedier in getting to work, ergotin more enduring, hydrastinine in all ways more effective when uterine hemorrhages are concerned.

Against all the galenic preparations of digitalis, the powder, infusion and tincture, the fatal objections apply—they are alike uncertain and variable in strength, slowly acting, because it takes a long time for the digestive fluids to dissolve out the active principles from the encumbering dirt, and from the presence in varying proportions of digitonin, which directly antagonizes the tonic glucosides and renders the action uncertain. For if the digitonin happens to prevail in strength we shall have relaxation of vascular tension and weakening of the heart instead of the desired toning. It is only from this relaxation that digitonin is diuretic, so that instead of aiding the effects of digitalin it nullifies them. If the obstacle to normal diuresis is too great tension of the renal arteries, shutting off the supply of blood from which the urine is excreted, digitonin would be useful, were it not that in aconitine and veratrine we have such excellent relaxants that no more are needed. If the difficulty is a loss of tone in the renal arteries so that they are

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Almost the entire science of therapeutics is nothing else but more or less refined and varnished empiricism.—Heinrich Stern.

The better a practitioner has trained himself to administer to the immediate needs of a patient the better physician he is.—Stern.

flabby, and the heart can not pump the blood through these and other vessels, and the serum oozes through into the cellular tissue, give just enough digitalin to stiffen the walls and enable the heart to utilize all its force upon the forward driving of the current, instead of wasting its energy striving to force open the flabby walls, and we get a decided diuretic action. But if the vessel walls already possess the normal tension, we get no effect or an injurious one from digitalis, and that is exactly what we as clinicians have so often noted.

The whole matter after all, resolves itself into one of vasomotor tension, or rather equilibrium; and when we want to regulate tension we must have agents of whose effect we are sure, as to both nature and degree—quality and quantity of action—not an uncertain mixture of antagonistic agents, which may happen to relax, or to tone, as the case may be. The beauty of this is that it is so perfectly easy to ascertain exactly which effect we need, by simply feeling the pulse and judging as to its tension; when our relaxant veratrine or our tensive digitalin may be given with perfect confidence. These are our plain and sufficient reasons for preferring Germanic digitalin over the uncertain galenics, with such masters of therapeutics as Beates of Philadelphia, who has repeatedly directed attention to the exceeding value of digitalin in many abnormal conditions.

The more blood under proper conditions we can force through the system, the more active the digestive process; the more food we can get assimilated, the more blood we shall have to work with; and the more blood, the more food

required to supply the increased waste; thus, we find the whole problem resolve itself into the necessity for initiating the preliminary circulatory force, to permit of normal metabolism. Digitalin supplies that force perfectly and safely. It is therefore the first to be thought of and most important tonic we can possibly exhibit in nearly all conditions of debility.

However, the practitioner should not get into the habit of using the drug as a routine measure and without due consideration of the physical conditions existing in his patient. If the digestive tract is laden with waste and the rugae contain fermenting and germ-laden debris, it is far from desirable to throw more of the toxins there generated into the system; if there is a catarrhal condition of the stomach, digitalin is contraindicated *pro tem*. In such cases it is imperative to set up better conditions, and to do this small doses of the mild mercurial salt, with some one of the hepatic alteratives; podophyllin, leptandrin, juglandin, or colchicine, followed by a saline flush, will prove most effective. In this way the liver is rendered more fit to take care of the added work which will be forced upon it as soon as we begin to exhibit digitalin. If relaxed catarrhal conditions of the gastric mucosa exist, hydrastin and juglandin are the best remedies and if continued for a few days will produce a marked change for the better.

Having thus prepared the way the next thing to do is to start the revolution gradually. Strychnine or quassin should be given in small doses one hour prior to meals and anorexia thus be overcome. Every two hours digitalin, gr. 1-67, should be given, and as the appetite in-

Hypothesis needs its wings clipped a bit just now, when it springs from shallowness, conceived in insincerity.—Heinrich Stern.

B. typhosus is present in blood, all cases, of typhoid in second and third weeks, with fever 102° F. or more.—Duffy, J. A. M. A.

creases and the improved complexion evidences the effect of our medication we should add some simple intestinal antiseptic—calcium or sodium sulphocarbonate. Either of these may be given an hour after food, in one, two or three-grain doses; thus we take care that none of the waste becomes injurious. This being done we shall see that we have brought about a most tremendous change. There is now a desire for food; such food as is eaten is converted into blood and tissue, and under the stimulus of normal metabolic processes the organs do their work properly. Now we can safely reduce the amount of drug and give gr. 1-67 every three and later

still every four hours. At this time it is well to aid nature to establish normal blood proportions and to do this we exhibit, after meals, the tonic arsenates of iron, quinine and strychnine with nuclein. We keep the digestive tract flushed with a daily saline draught and leave the patient to get well.

It will be seen by those who have followed the argument that in the whole treatment digitalin plays the main role, that it is indeed the key-stone of the new edifice. Under the circumstances it is not perhaps too much to say in certain conditions that digitalin is our *most important tonic*.

Chicago, Illinois.

## HOW WE DO IT IN BOURBON COUNTY.\*

BY W. C. USSERY, M. D.

**W**HEN, as a guest of this society at its Torrent meeting in June, I made a few volunteer remarks as to our method of conducting a medical society in Bourbon County, I had no thought or wish that what I then stirred up would lead to a formal request for a paper to be read at this meeting. When informed by your secretary that such a motion had been carried I at first declined. On second thought, and with the definite idea in mind of trying to help others, I consented to present a few random remarks on "How we do it in Bourbon County."

I was greatly impressed at that Torrent meeting with the evident earnestness of those men from the mountain counties in discussing the question of

asking the State Society to make the Kentucky Valley Society a portal of entry, instead of membership in a county organization; the reason for this being the difficulty of maintaining a county society because of the few physicians in those counties and the distances they were from each other. That very earnestness was a sufficient proof that you want state and national membership, and that somewhere in each county is a man who can, if he will, do those things which in my opinion are necessary for the successful maintenance of a county medical society.

I have been a resident of Paris for nine years. In that time I have seen three county societies organized; not one lived to draw a second breath.

In May, 1903, a fourth attempt was made. A new doctor had come to town;

\*Read at the Lexington meeting of the Kentucky Valley Medical Society, Oct. 27, 1905.

Enteric bacilli—*alcaligenes*—are often present after 2d week of typhoids, accompanying then supplanting *b. typh.*—Duffy, J. A. M. A.

In typhoids cocci appear late in the blood, which never contains the bacillus coli communis.—Duffy, J. A. M. A.

by chance we elected him secretary at that first meeting. When I say by chance, I mean that he might as well have been president, treasurer, trustee, or anything else, as there were plenty of offices to go 'round. We elected him secretary because he happened to be sitting at an open desk with a pencil in his fingers. I refer to my good friend, Dr. C. G. Daugherty of Paris.

Since its organization our society has not missed a meeting. In each of those thirty months Dr. Daugherty has sent a written notice to every physician in the county, whether member or not, three days before the approaching meeting, with information that he was expected to be present. Those who do not attend regularly are called up by telephone the day of the meeting and again reminded of what is expected of them. The secretary goes to each man in turn and requests him to prepare a paper for a certain date, attends to the scientific part of the work and does a thousand and one other things necessary to be done, and without which the society would die of dry rot. I want to go on record as saying that without Daugherty I do not believe our society would have held a meeting every month for nearly three years. We have absorbed so much of his surplus energy and enthusiasm that the society might go on now without him and his eternal reminders, but I hope that day will never come.

Our first half dozen meetings were held in the afternoon in the City Council chamber in Paris. Those meetings were attended chiefly by the Paris physicians only. It occurred to somebody that things were getting in a rut,

so one day a notice came through the mail that at the next meeting Dr. Daugherty would entertain the society with a six o'clock dinner at the Elks' Cafe—just across the street from the meeting place—after the scientific program had been finished. That brought in two or three good fellows from the country. The next month another Paris member entertained with a dinner at the cafe and had the business meeting at his office in the evening. The first thing we knew a doctor had invited us to his house—dinner in his dining room, presided over by his wife, and the scientific program in his parlor! Then here came the fellows from Millerburg, Clintonville and Middletown — ene eight, one ten and the other eleven miles away. They invited us to their homes and we went, gladly.

In the meantime nearly every doctor in the county had begun to look up and take notice. Our meetings were well attended and looked forward to with much pleasure. In spite of that there were two or three good fellows who held aloof because, as they said, they were too far away to attend. We didn't do a thing to them but send word to have dinner ready on a certain day at 6:30 and the Bourbon County Medical Society would be there to eat it, and hold a scientific meeting in the barn or yard if the house wasn't big enough! In each and every instance the doctor and his good wife have risen nobly to the occasion, entertained us royally and thanked us for coming. Better than all, however, is the fact that the doctor has since been a regular attendant at our meetings.

Our last eighteen meetings have been

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On raw sea meats—iodized—Esquimo is free from scurvy, goiter and gland enlargements.—Senn.

The exclusion of plant food has shortened the alimentary canal, appendix rudimentary, in Esquimo.—Senn.



held at doctors' homes—no two at the same place. At each one we have been tendered a veritable feast—ladies, music, oratory and solace in a good cigar. By such means we now have in our society 98 per cent of the eligible membership.

These social affairs at each others' homes have been the chief factor in promoting the feeling of good fellowship which prevails among us so extensively. At nearly every meeting somebody talks on the ideal relation between physicians; every mother's son, and two daughters, of us chips in and goes on record, thus keeping what we owe each other a prominent factor.

And here's another point: If Blank has been invited to dine at my house; to meet my wife; to eat one of her excellent dinners and brag on my baby, no power on earth can induce him to knock me for a month, anyway. Then, when the month is up, I go to Blank's house, meet his wife, put my feet under his table and brag on his baby. That holds us both in line for two months. At the end of that time we have learned what good fellows we really are. We've talked over our little differences, compared notes, discovered that mole-hills have been magnified into mountains, fall onto each other's neck and swear never to do it again! All the time to an accompaniment of fragrant smoke, and, perhaps, the tintinnabulations of ice floating against glass and in an atmosphere pregnant with the ethereal odor of glorious mint!

That's one way we do it in Bourbon County!

I can now meet Blank in consultation; say, and mean what I say, "that

he has done everything necessary in the case." I'll not even look wise, like a tree full of owls, nor will I even say "that perhaps a few days earlier and the result might have been different;" or any other such monkey-doodle business calculated to bring discredit upon him and toot my own bazoo.

I am not now afraid to leave town for a day, a week or a month. When I return I know that such of my clientele as have been attended by other physicians will be returned to me. At least the proffer will be made, and it will rest with the patient whether or not I take charge of the case. If I do not it is because the other man is liked better than I, and not because of any underhand methods on his part.

I was out of town the entire month of July last. The first day of my return three physicians came to me and turned over cases with a complete history of the illness and treatment, and four physicians told me of patients who had been ill, but had recovered. More than that: Two patients came to me with the statement that they had been treated at the office by Dr. Soandso during my absence, and had recovered. Feeling a return of the same symptoms they had again gone to Dr. Soandso for more of the same medicine which had relieved the first attack; but that Dr. Soandso told them to go to Dr. Ussery, their regular physician, who was now at home!

And that's another way we do it in Bourbon County!

We have three dentists as regular members of our society. Each one of them has entertained us at his home and had as a special guest a professor from some dental college who read a pa-

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The Esquimo starch digesting glands atrophy, the fat digesters hypertrophy; their stomach digestion wonderful.—Senn.

Constipation and uricacidemia are unknown among Esquimo; fat surplus acts as laxative; rotten flesh not toxic.—Senn.

per on a subject equally interesting to dentists and physicians. The dentists and physicians have mixed and amalgamated to such an extent that a doctor will not pull a tooth, and a dentist will see you hanged before he'd prescribe for anything that didn't begin, exist and end with the teeth.

So far, we have not endeavored to get the veterinarians and druggists with us, but several of us have had talks about it. Personally, I can conceive of many things which we have in common, and that an occasional amplified love feast including them all would redound greatly to the benefit of each.

At the suggestion of one of our homeopathic members. (Yes, we have two of them, all there are in the county, and 'twould do your heart good to hear them read papers, take part in the discussion, talk of merc. cor., potencies, and all that) we have appointed a committee of five known as the "Grievance Committee." It is the business of that committee to "butt in" if necessary and inquire into the causes of troubles between members of the profession. Blank has heard of some remark you made about him; perhaps the truth was not told by the one who repeated it, or the remark greatly distorted. Blank immediately rises on his hind legs and proceeds to do things to you. You naturally get back at him and the first thing you know you have engaged in a personal encounter—perhaps an unseemly street brawl. Before the windup comes, however, there are probably months or years in which you are at daggers' points. Every time Blank sneezes you swear he is trying to spit in your face. Every time you throw away a cigar

stump he swears you are throwing rocks at him or his wife. In such cases it is the business of the Grievance Committee to nip the thing in the bud. You and Blank are brought before the committee (all outside of regular society affairs) and your stories heard. In every case, so far, an amicable settlement has been made and both parties perfectly satisfied.

Suppose, on the other hand, the Grievance Committee finds that you have an actual grievance against Blank, and that he has done an underhand act. He is very promptly and in plain language informed of the fact and told that he must not do it again. Blank knew all the time, 'way down in his heart, that he was wrong, but was too mean to acknowledge it or mend his ways. We propose to say and do say, to such a man, that he must walk the straight and narrow path which leads to brotherly love and professional courtesy. In every case, so far, he has walked and walked beautifully.

A skunk in a garden of violets does very well so long as he don't pull the trigger. A hog is a very presentable sort of animal so long as you keep him away from the slop trough and mud puddle—and he gets just as fat in the long run.

It would be the veriest sort of rot for one man to put himself on a "holier than thou" pedestal and say to Blank "thou shalt not;" but when such a command comes from five physicians of age, wisdom and undoubted standing, backed by the undivided forces of the Bourbon County Medical Society, such a man will think twice before he repeats a mean act. The time when such a man could

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Esquimo skins verminous, never washed, are free from disease; syphilis, mild; tuberculosis unknown.—Senn.

Nieder confirms Galbraith's cure of pneumonia by quinine and iron in very large doses, in the *J. A. M. A.*

cry persecution and jealousy and successfully appeal to the public is a thing of the past. Such a man's meanness is born in him and will long ago have cropped out in his dealings with the laity. The public will soon get onto him and put him down for what he is. I know personally of two such men who ran their careers into a blind switch, had to back out and leave town.

You may call this sort of thing paternalism, meddlesomeness or what you please. We have no name for it, but the medical profession of Bourbon County proposes to live in peace. There are enough legitimate troubles in the practice of medicine, and we do not propose to allow any scoundrel to add to them by his meanness without showing him up in such a manner that his best friend will know the truth.

As yet we haven't a modern Utopia, but we hope the day will soon come when every medical sheep in Bourbon County will be safely in the fold, with not one goat left to roam up and down the land spreading discord and strife in his way.

Selah! Selah! So mote it be!

Paris, Kentucky.

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In the discussion of this paper one of the members of the society remarked that it was evident that Utopia, Atlantis and the long lost Garden of Eden had all three been located at last—in Bourbon County! And if the description of the harmonious medical conditions described by Dr. Ussery applies also to other phases of life in that thrice-happy locality we shall all be inclined to the same judgment.

But, after all, why should not the

medical men everywhere organize their societies and run them on the same ideal basis and with the same smoothly-running machinery which they use in Bourbon County? There is really no reason why they should not. All that is needed is a man like Daugherty—and another one like Ussery—who will take hold of the local problem, put heart and brain into its solution and then *stick to it* until possibly the society will run automatically as described by Dr. Ussery—though it should never be left to do this!

One feature of society work Dr. Ussery has brought out very strongly—the importance of the social side, of rubbing elbows, swapping jokes and exchanging hospitality with the other medical men of your neighborhood. Now I believe this is *the most important* thing in society work. The “feast of reason” contained in a good medical program is or should be an invaluable part of the physician's post-graduate education, but with an undercurrent of secret jealousies, open bickerings and ill-disguised hatreds running through each meeting and playing at cross purposes it is but a feast of “dead sea apples.” Give us also the “flow of soul” which is best nourished by the warm-hearted, generous hospitality of the Kentucky type described in this paper. This, better than anything else, can weld the society into an effective, working unity which can and will do things.

We want to appeal to you, dear reader, to do the work that Daugherty and Ussery are doing in Bourbon County in your own county. If you are not in the society, get into it now. Don't let the fact that “Blank” has “done you

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Connecticut law forbids advertisement of monthly regulators for women, as encouraging commission of abortion.

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Penna. law forbids the use of preservatives and dyes in foods excepting the use of ice as a perservative.

dirt" prevent your doing this. Get in and go to work and the chances are that your difficulties with Blank will straighten themselves out in short order. Is the society holding regular meetings; is it doing efficient work? If not, make it your personal duty to get things run-

ning smoothly again—don't leave it to someone else. Then if you develop "kinks" that help you out at home, send them to the CLINIC that they may help some other good fellows elsewhere. Go and "Do as they do in Bourbon county"—and then tell us all about it.—Ed.

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## THE PHARMACOLOGY OF ANTIPYRETICS.

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BY A. L. MUIRHEAD, M. D.

Professor of Pharmacology, Creighton Medical College, Omaha.

**A**BNORMAL elevation of temperature is one of the most common symptoms of disease, and the manner in which the various antipyretic measures reduce it is the subject of this review.

In the normal warm-blooded animal the temperature of the body is regulated by a nerve center or group of cells located somewhere in the neighborhood of the corpus striatum. Its action is similar to that of a laboratory thermostat, for if a normal animal be placed in a medium of a higher temperature than its own, the regulating mechanism immediately causes a lessening of heat production in the tissues and an increase of heat dissipation from the surface, thus maintaining the body temperature unchanged. If placed in a medium of lower temperature than the animal's body, the same mechanism lessens the heat loss and increases heat formation again, maintaining the temperature practically the same as before.

Increased heat dissipation is usually brought about by dilation of surface vessels and frequently by sweating and increased respiration; increased production of heat by increased muscular activity, usually involuntary and manifested

as chill or rigors. In febrile conditions the regulating mechanism is neither depressed nor stimulated but is set to a higher temperature than the normal. This is shown by chill which follows exposure to cold and vasodilation or sweating which follows exposure to heat just as promptly in fever as in normal conditions.

Fever then is a condition in which the heat regulating center tries to maintain a temperature higher than the normal. The drugs most frequently used as antipyretics are quinine, the coal tar antipyretics, aconite and alcohol. The most commonly used of the coal-tar series are phenacetin, antipyrin and acetanilid. Quinine reduces temperature through its action on protoplasm in general, and not on any special organ or tissue. If the cord of an animal with fever be cut below the corpus striatum quinine will reduce the temperature as effectively as if the nervous axis were intact, therefore it cannot act through the heat-regulating center. The temperature can be reduced by quinine even if the surrounding medium be warmer than the animal's body, so it cannot be due to increased heat dissipation. It must be by lessening heat production, and this is

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Missouri permits her state board to admit physicians to practice without examination in reciprocity at discretion.

Missouri forbids sale of cocaine except on written prescriptions of doctor or dentist; also refilling such orders.

brought about by lessening metabolic changes in the individual cells. The depression of metabolism is shown by the diminished excretion of nitrogen in the urine, which occurs whether fever be present or not.

The coal-tar antipyretics act in an entirely different manner. If the cord of a rabbit be cut below the corpus striatum, the injection of septic material fails to produce fever and if fever be present before cutting the cord, this series of drugs will not affect the temperature, but quinine will lower it. If the connection be severed above the corpus striatum, this series will reduce fever temperature by increasing heat dissipation through vasodilation and perspiration just as it does when the nervous axis is intact.

That the reduction of temperature is not due to depression of the center is shown by the fact that it reacts as promptly as before to variations in the warmth of the surrounding medium. The result is due to a lowering of the point at which the regulating mechanism attempts to maintain the body temperature, exactly opposite to the manner in which fever acts. With one exception in this series, the fall of temperature is accompanied by a lessened excretion of nitrogen and carbon dioxide, showing lessened tissue change. This is a result of lower temperature (just as slowing of the pulse and respiration is) and not the cause of it, as it does not occur in the normal animal. The one exception is acetanilid, which increases nitrogenous waste either in normal or febrile conditions. Large doses increase the nitrogen in the urine from 30 per cent to 35 per cent. So far this effect on metab-

olism has not been observed from any other members of this series, unless we include salicylic acid.

The manner in which aconite reduces temperature is not quite clear. Its action is generally ascribed to depression of the circulation and the perspiration which results from slight nausea, as seen after tartar emetic. Some writers claim that aconite is a direct diaphoretic acting on the secretory nerves. Brunton and Cash have found the temperature center after aconite less able to regulate the heat of the body. If an animal after aconite be put in a cold bath, its temperature falls, or if put in a warm bath it rises much more than in the normal condition.

The depression of temperature after moderate amounts of alcohol is mostly due to dilation of skin vessels through depression of the vasomotor center. It seldom exceeds one degree C. unless there is considerable exposure to cold, when the fall may be much greater owing to the diminished activity of the regulating mechanism.

The effects of large amounts vary. If excitement and muscular activity follow, the temperature may not be reduced or may even be slightly raised, the increased production of heat more than compensating for increased loss. On the other hand, if sleep or stupor follow the ingestion of alcohol, the fall in temperature may be from three to five degrees C., due to increased heat dissipation from the surface and lessened heat production from quietness and muscular inactivity.

Most of these drugs have little or no effect on normal temperature unless given in larger doses than therapeutics

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Connecticut forbids dispensing cocaine and eucaine except on prescription of Dr. or vet. and refilling except on new prescription.

Perfumes sometimes cause nervous and respiratory reflexes as well as urticaria and vertigo.—*Med. Record.*

approve of. During fever the depression of temperature is much greater if the antipyretic be given at the beginning of a normal remission, than if administered during a stationary or rising temperature. The coal-tar series especially has much less effect on fever in conditions in which the temperature is continuously elevated than where it is subject to normal remissions.

Other antipyretic measures commonly used are sponging, cold pack and cold bath. The mode of action in sponging and in cold bath is quite different. In sponging and cold pack the patient is cooled by evaporation of the liquid from the heat of the body, and the temperature of the fluid used is not very important. A hot pack will usually reduce fever as much or more than a cold one for the former causes vasodilation, while the latter causes vasocontraction and chill. The cold bath reduces temperature by conduction, heat passing from the warmer to the colder body by contact, consequently the bath must be of lower temperature than the fever of the patient. External antipyretic measures merely reduce the body heat; they do not lessen heat production nor affect the regulating mechanism which tries to maintain the temperature, as shown by the chilly sensations or actual chill. The prompt improvement in the general condition of a delirious fever patient during a cold bath should not be ascribed to reduction of temperature as it usually occurs before there is any appreciable change in the body heat. It is mostly due to reflex stimulation of nerve centers in the cerebrum and medulla by irritation of the sensory nerves of the skin acting in the same way as cold water

dashed over a fainting or sleeping person does.

Under cold bath treatment the metabolism, as measured by nitrogen excretion, is increased rather than lessened on account of the efforts of the regulating mechanism to maintain the higher temperature. This fact should be borne in mind in weighing the relative therapeutic value of antipyretic drugs and external cold. Although antipyretic measures do not act on the cause of disease, but only relieve one symptom, this is not an argument against their use, as some writers apparently believe, for as long as a physician is unable to treat the cause directly, he is justified in relieving the symptoms of the disease as far as possible. Von Jaksch and others have held that antipyretic drugs tend to prolong illness and retard convalescence, but this does not seem to be correct, at least not for phenacetin and antipyrin, for Shitze has recently shown that they do not retard the development of the defensive antitoxins which we regard as the cause of recovery in self-limiting diseases. When infected animals were given large doses of these antipyretics their serum had the same agglutinating properties toward bacilli as others which received no medication.

To sum up, in conclusion we find:

1. Quinine lowers temperature by lessening heat production through depression of cell metabolism. It lessens nitrogenous waste and retards most vital processes.

2. The coal-tar antipyretics not only reduce temperature, but also lower the active point of the temperature center. With the exception of acetanilid, which increases nitrogenous waste, they affect

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Scavengers, collectors of night-soil or garbage, workers in abattoirs and tanners, are not affected by the odors.—*Med. Record*.

Emanations from manure are said to be specific for rheumatism. Tuberoses sometimes cause severe faintness.—*Med. Record*.

metabolism only by reducing body temperature. Their action is directly antagonistic to that of fever.

3. Aconite lowers temperature by depressing the circulation and inducing slight nausea. It probably also lessens the activity of the heat regulating mechanism.

4. Alcohol lowers temperature by dilating skin vessels and in large amounts also by causing muscular inactivity, and depressing the temperature center.

5. Sponging and pack, either hot or cold, reduce temperature through the cold produced by evaporation, warm water being as effective for this purpose

as cold water or even more so.

6. Cold baths reduce temperature by conduction through contact with a colder body. The reflex stimulation of nerve centers by the cold irritating the sensory nerves is as important as the direct effect upon temperature.

The theory that fever is a defensive measure against the causes of disease is accepted by very few in the medical profession. It is quite probable that the next ten years will see considerable change of opinion in regard to the relative value of the cold bath and antipyretic drugs in the treatment of fever as a symptom.

Omaha, Nebraska.

## PULMONARY TUBERCULOSIS: A CLINICAL STUDY.\*

BY WILLIAM PORTER, M. D.

Professor of Clinical Medicine, Medical Department of St. Louis University.

WE have so far discussed the general and special features of tuberculosis, with the endeavor to study the different symptoms and complications with the pathological conditions causing them. At our last meeting our subject was the care of the individual and the physician's advice as to climate, clothing, ventilation, diet and hydrotherapy. We have urged upon you also, the duty of making the psychology of tuberculosis a study. Do not forget that these generalities must be made practical in every case.

The medication pertinent to each case is an important topic and particularly important in that much consists in not doing too much. This is one of the

diseases in which a "masterful inactivity" may be preserved so far as many drugs are concerned. Study your *Materia Medica* thoroughly. But when you are called to your first case of consumption, forget the most of it. In the special cases we have seen together I have tried to outline special indications. It is a return to the normal that you must seek and that through normal aids. It is food, clothing and hygienic conditions that you must select, rather than products of the laboratory and the chemist's skill. Yet I would not have you think that the average tubercular case does not demand the most careful and constant oversight. There is no disease in which the symptoms must be more carefully watched and threatening complications anticipated. In my own

\*A series of lectures before the Senior Class of the Medical Department of St. Louis University, 1904-'05.

Headache is often caused by odors of honeysuckle, lily, rose of Sharon, carnation; betony intoxicates its gatherers.—*Med. Record*.

Drink in Fevers: Two lemons, whites of two eggs, a pint of boiling water and sugar to taste. Mix sec. art., cool and give p. r. n.

practice I insist that if the patient is not under my own personal care or the care of an assistant, either a private or hospital case, that he put himself at once under the direction of his family physician, or the physician best fitted to have charge of him at his home.

Why is this so necessary? you may ask, when there is so little to do and the directions are general. I would not be misquoted. There is much to do and the direction is anything but general. The avoidance of polypharmacy does not mean that medication is forbidden. On the contrary, functions are to be aided, cough, fever, heart-weakness, sleeplessness and similar symptoms controlled. Make your prescriptions as single, as definite, and as practical as possible and be exceedingly suspicious of vaunted "cures" and specifics. I fear to give you a single formula lest some of you might copy it and deny yourself and your patient the advantage of your own judgment. Perhaps we might summarize in this way. Avoid coal-tar preparations and much cod-liver oil, creosote, opiates and alcohol. Give guardedly strychnia, arsenic, digitalis, (in poor circulation with dilated arteries), nitroglycerin (in poor circulation with high arterial tension) and such aids to impaired function as may be indicated. Give freely good food, sunshine, open air, pure water and all of the cheer and courage that you can secure. If there is one remedy I use more than another in early cases it is a cacodylate of sodium hypodermically in gradually increasing doses. It has, with me, taken the place of the different serums and tubercular preparations, and

yet, while it is an aid, it is certainly not a specific.

Now we come to a more important subject than even diagnosis, pathology and treatment. It is true that the topic is related to and founded largely upon all of these and yet it is a study, and important study in itself. This, the most important theme which has ever engaged scientific thought, is the *prevention of tuberculosis*. I ask that each one of you keep this always in mind and urge by precept and example the duty of every citizen in this great work. I told you in the beginning of the course how disastrous a foe is tuberculosis to human life and happiness. Let me add to these statements a few more facts. In the United States alone 200,000 die each year of tuberculosis and at present rates 7,000,000 of these now living in this country will be its victims. In Illinois last year 9,000 died from consumption and the economic loss was over \$36,000,000. In your own homes one in seven will be added to the death loss. In this class of seniors and juniors thirty or more may succumb to the relentless invader. Is this not enough to set us all to thinking and doing?

But the picture is not all dark. In cities where they have tried, all this death rate and loss has been reduced 40 per cent. Apply this to the figures just given and we have the result within reach if we are all alert. If you save one man's life you will be applauded and doubtless rewarded, but I am asking you to engage in a work which will save 2400 lives in Missouri each year, 3600 in Illinois and 80,000 in the United States. Is this the foolishness of figures? I tell you it is a plain deduction from

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The weakness of Osler's Practice is due to his black, hopeless, helpless therapeutic pessimism.—*Medical Record*.

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Osler's therapeutic pessimism renders him an unsafe guide in the most important and practical part of medical science.—*Med. Rec.*



official reports that cannot be gainsaid and is simply the 40 per cent reduction in the death rate accomplished in the last few years in New York and Philadelphia, to the mortuary reports of last year.

This, then, is to be attained. To whom does the work belong? Plainly to those who are by education and professional attainments best fitted for it, in other words to you. You cannot escape the responsibility. How shall you accomplish it? First by realizing that prevention is possible and acting up to your belief, just as you would in the prevention of any other contagious or communicable, parasitic disease. You must make your diagnosis as early as possible in each case and at once guard others from the danger of infection. The greatest requirement is the care of the sputum. Every one of the millions of bacilli which the average consumptive expectorates daily should be destroyed. You must see to this by directions that you must have obeyed. I need not repeat these directions here. The tubercle bacilli are destroyed at a temperature less than boiling water and there are a dozen cheap and effective germicides. Be careful that the sputum does not become dry and so distributed by air currents or flies. Bed clothing and the underclothing of consumptives should, when removed, be placed at once in boiling water and not allowed to lie about in the wash basket or hamper. Dishes and drinking glasses should have the same treatment. Rooms vacated by consumptives may be easily rendered clean and safe by burning a few of the large paraldehyde tubes; the largest of these contains 500 grains of paraldehyde

and four would be sufficient for the average room, provided the room is fairly well sealed up, at a cost of a dollar.

Do not make the consumptive feel that he is a leper. He is harmless if he is careful. In Mount St. Rose and other large institutions for the care of the consumptive there has never been a case known of a physician or attendant acquiring the disease. I visit the wards and if need be occupy a suite of rooms in the main building without the slightest thought of danger, knowing that the safest place on earth from tuberculosis is where the laws governing its limitations are fully carried out. But you cannot do the best work in this direction alone. Each one of you must be a missionary, a pioneer in his community. All over the country antituberculosis societies are being formed to urge the enactment of sanitary laws and to enforce them. The public must be educated and you must be the educators. You must take advantage of the school, the press, the lecture room, or whatever agent can be utilized in directing public thought. See that spitting on the sidewalk or the floors of hotels and public buildings is forbidden by law. Insist on ventilation, not only in the home but in the school room, the court room, the church and the workshop.

The object of the great National Association for the Study and Prevention of Tuberculosis is mainly to educate the people in the practical methods of limitation. All over the country local societies are being formed for the same purpose. In St. Louis last year our society distributed 250,000 pamphlets, secured the passage of important legislation on the subject and aided the work by lec-

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Halstead finds spinal cocainization dangerous, uncertain, sometimes failing, with unpleasant after-effects.—*Int. Jour. Surg.*

The tendency to enlarge diet of typhoids is quite an unfortunate venture as far as children are concerned.—W. J. Butler.

tures, posters in the street cars, factories and halls. Once public interest is aroused legislative help will be easily secured. Three years ago a bill for a State Sanatorium in Missouri was "killed in committee." Last year \$50,000 for this purpose was obtained without much trouble.

May I express in conclusion the satisfaction I have had in these lectures in addressing those who are trained in thought, and I hope fixed in purpose, to prosecute this great work and have felt the great responsibility of those whose eyes are opened to its importance and now share the responsibility with me.

St. Louis, Missouri.

This is the final article of Dr. Porter's splendid series, which we trust every reader of the JOURNAL has followed from beginning to end. This chapter was set up and prepared for publication in the December CLINIC, but was lost in the fire, necessitating its complete rewriting, for which we feel under many obligations to Dr. Porter. As originally prepared it went somewhat more explicitly into the details of medicinal treatment. But we are very glad to be able to present this fine restatement of the matter. The possibilities of treatment, yes, of cure, in many cases of tuberculosis are just beginning to be realized.—Ed.

## THE DUTY OF THE MEDICAL PROFESSION CONCERNING FANATICISM, FRAUDS, FOOLS AND FADS.

BY Y. L. ABERNETHY, M. D.

**A**S conservators of the health and longevity of the race, it is imperative that we exert every influence promoting them, and resist all that is detrimental.

It is the province and duty of our profession to give the laity the benefit of our knowledge in preventing disease and protecting them against imposters. These are too numerous to dwell upon specifically. I wish to emphasize particularly the menace to society and the profession, from certain so-called religious, scientific organizations—hybrids and monstrosities, possessing neither of these attributes, whose arrogant founders claim inspiration.

They have ingeniously interpreted the Scriptures, and formulated systems which with their sensational and mira-

cle-performing features are well calculated to deceive, and gain dupes and victims, which indeed they have done to an alarming extent—the "Mollie" Eddyites, claiming a half million; the "Lige-Alec" Dowieites, the "Holy Ghost and Us" and others *ad nauseum*, of like fanatical proclivities, many thousands. Their faith and zeal are unbounded. The wily founders and promoters play upon their childlike credulity, and control them at will. Each member is a missionary, whose duty it is to proselyte the world. Their sagacious business methods furnish "the sinews of war." Earnest, eager workers are daily invading new territory, and their success in disseminating their illusory, pernicious doctrines is phenomenal.

The principal tenets of all these asi-

When egg-nogs are given during the first part of typhoids the intestinal symptoms are intensified.—W. J. Butler, J. A. M. A.

Egg-nogs exert an especially unfavorable influence in typhoid defervescence and during early convalescence.—W. J. Butler.

nine sects are the miraculous cure of disease through prayer, and the denunciation of the medical profession. We are "in league with the devil"; they have "no use in Zion City for mules, pigs, doctors," etc. This is only a sharp mode of advertising. Attract attention, create a sensation by opposing the established order of things. "It is unnatural and sinful to propagate mules," but the amalgamation of the white and colored races is their solution of the vexed race question. Polygamy, free love, soul affinities, communion with spirits and every freakish idea diseased imaginations can conjure are advocated. They oppose vaccination and the usual methods for the prevention and cure of disease and rely solely upon the efficacy of prayer and faith. Each recovery is a miracle. The *vis medicatrix naturae* is unknown to them.

The one principle of suggestion or the power of mind over the physical system (so well understood and practised by the profession) constitutes their entire stock in trade. This is efficacious alone in hysteria, neurasthenia, nervous and mental diseases, phenomena which simulate almost every form of disease, as for instance epilepsy, neuralgia, lameness, blindness, paralysis, etc. This field of imaginary diseases affords then a prolific source of miraculous cures, "after doctors have failed," though here even, cures are the exception and not the rule.

They appeal strongly to the superstitious element in the subject, wield a hypnotic influence over him, make him believe he is cured, and he is. This represents no power in them or in their prayers, only a mental process in the

subject, who has simply changed his belief regarding his malady, in a perfectly natural way.

If prayer alone could be relied upon and natural laws miraculously changed regarding disease, the same would apply to every interest and pursuit in life. Planting and cultivating were vain. Sam Jones says, "Prayer is a good thing, but a hoe beats it making corn." Nothing can be more definitely settled, beyond the shadow of doubt or dispute, than that we must make a rational use of the ways and means provided by Nature's physical laws to sustain life and health, and restore the diseased.

The combined prayers of the world could not suspend the law of gravitation for a moment, or the laws governing a necessarily fatal malady or wound, as with our lamented presidents, Garfield and McKinley (for whom the whole world prayed for months), or any natural phenomena. This is so palpable and self-evident that it is puerile and absurd to state it.

Yet millions daily offer earnest, agonizing petitions for the impossible, unreasonable, miraculous. We would not deprive them of any solace or comfort derived, but would guard them from the pangs of disappointment, shattered faith, vanished hopes and dark despair.

Law, inflexible, immutable, rules, and without pity or regret, visits her penalties and without favor or partiality, her rewards. These are inherent in each act.

No power will avert the calamitous results of dissipation and outraged hygienic laws or withhold the blessings accruing from their observance.

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When whole milk is given typhoid children the stools become curdled and slimy and tympany increases.—W. J. Butler, *J. A. M. A.*

Germans place great emphasis in adults on slowness of pulse proportioned to temperature in typhoid.—Fairbanks, *J. A. M. A.*

They are inevitable, fixed, positive and arbitrary, and subject to no influence or power which can or will change these results.

Diseases and injuries have their laws of repair and restoration to health. If the vital forces are equal to the emergency, they win, if not, they lose. It is as rational to invoke the powers to suspend the law of gravitation, as to interfere with these natural and essential processes of restoration. Laws governing human life and health, disease, decay and death, are common to all animate creatures. Bird, beast and insect, all in the same category, live and die according to Nature's impartial laws, without special providential favors or distinction shown to either, except that she deals more kindly with those who by instinct obey her mandates than with those who by reason reject them. She doesn't visit you with calamities as a disciplinary measure, doesn't rob you of your darlings or treasure or most cherished hopes to make you better or lure you to a world on high. The pitiless storm that robs the mother bird of her home and brood is as innocent of design as are the powers regarding your disasters, or your rewards and blessings. This sentiment, if erroneous or unorthodox, is at least upon the side of mercy, and may comfort those who are in rebellion and despair because of unmerciful disaster and bereavement, and vain tears and prayers.

Longevity is not subject to the whims, caprice, desires or prayers of any power; isn't curtailed in vengeance and anger or extended through love and reward, but is a question *only* of environment, habits, hygiene, sanitation, tem-

perance, climate, she-mosquitoes and patent medicines.

I will say further that if it is possible, that these sentiments are erroneous(?) and that poor, weak humanity can influence the Throne and subvert natural laws and produce miracles, then the business should not be monopolized and made merchandize of by such brazen, impudent frauds as Lige-Alic Dowie, Mollie Eddy, and their cranky dupes. Each of these worthies denounce the other as a fraud. We are liberal enough to believe both. We know that danger to sanity, health and life lurks in such superstitious beliefs, and it is both a duty and pleasure to denounce them. In our zeal to expose and ridicule the spurious, we would not offend or detract from the genuine, in the moral, religious world. It is entirely essential and right and we are in love and sympathy with it, but cannot believe it necessitates a violation of sense and reason or the adoption of rank, imbecile, dangerous superstitions.

When will orthodoxy repudiate this medieval relic of superstition, this insult to reason and violater of the senses, this sure and constant source of infidelity, despair and insanity, this daily demonstrated false doctrine of supernatural intervention, or subversion of natural laws, through human desires, agencies, or prayers?

An ancient nation relied solely upon their gods to protect them in war. Imagine their horror and the death shock to faith, when their enemies overturned and hewed to pieces their helpless images. This is only a feeble illustration of the doubts, fears and fatal results to thousands, whose honest, faith-

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Place no faith in pharmaceutic monstrosities combining pepsin with pancreatin or with alcohol except in weakest dilution.—Reed.

Curetting endometrium will not cure laceration, subinvolution, pus-tubes, displacement, neoplasm, infection or even endometritis.

ful supplications are unheeded. Their moral teachers have deceived them. Faith in God and man is gone. They rebel, and are lost. This is appallingly true of nations which lose in the tragic lottery of war.

"God helps those who help themselves" is a trite and true saying. Prayer is good, in that it cultivates the moral nature, just as does a good sermon or book, and is answered in the individual in the same manner as his other faculties respond to cultivation, in the process of education. We don't know, even in the spiritual aspect of the question, whether our petitions ascend to the Throne Above and exert an influence there, or whether the only Deity we reach is that within us and those who hear us. If the latter, then it is God's plan, and is rational and philosophical.

But in the twentieth century, to pray for and expect the miraculous in material things—as the success of armies in war, or rain in drouth, or the cure of disease—is worse than folly. It is rank fanaticism and superstition; it is pregnant with mischief and should be relegated to oblivion, with all the effete and obsolete mysticisms, heresies and witchcraft of the dim, dark, distant past.

The religion of Christ is too rational to need miracles now (if it ever did) to substantiate its exalted power and grandeur. *It is the imposter who bears the same relation to Christianity as does the Quack to regular medicine, who needs and manufactures them "for revenue only."*

One would naturally infer that the dupes of these cults were ignorant and uneducated, but more is the pity that

such is not the case. In this city quite a number of wealthy, educated people are ardent workers for all these strange "isms." My epithets and maledictions, in which I am sorry the language is so limited, are only for the leaders and financially interested promoters, and not the deluded followers of these insane cults. They deserve pity—and a guardian. Among them are found professional and business people, otherwise sane, good citizens.

At their meetings, marvelous experiences are related of supernatural manifestations in answer to prayer. Literature, fresh from headquarters, full of the miraculous and abounding in the most extravagant testimonials, is disseminated. Hysterical supplications, agonizing groans, and tears are indulged, and converts are gathered into the fold. This peculiar form of crankism is not indigenous in this live, up-to-date city, but is everywhere the same, and even much more so up in the divine "Lige's" and "Mollie's" country, so prolific of isms.

This happy faith, intense piety, and good Samaritanism are beautiful, and but for the ignorant and dangerous assumption of the duties and responsibilities of the physician, would be commendable. But as it is, unfortunately, it is a sort of Dr. Jekyll and Mr. Hyde affair, with death holding high carnival. We all know and have heard of numerous deaths as the direct result of failure to employ doctors in easily curable troubles, such as acute indigestion, with its sequelæ of colic, etc., strangulated hernia, malarial affections, appendicitis, etc.

This responsibility is upon us. The law of *particeps criminis* in a known and

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Ray fungus occurs normally as a rust on grain. Copper is useful in destroying vegetable parasites.—Bevan, J. A. M. A.

Copper sulphate 2 to 8 gr. a day can be given for 6 months without any deleterious effect on the taker.—Bevan, J. A. M. A.

preventable crime applies to our profession with fearful force. We are "our brother's keeper," and must obey the mandates of love and duty. How? is the momentous question for us to solve.

They court opposition, and thrive upon it, with the old cry of persecution. Public controversies only advertise them, like the fabled serpent springing two heads for each one destroyed.

Such is the perversity and suspiciousness of human nature that jealousy and mercenary motives are imputed to us, when we attack any fraud, no matter how palpable, if it can be construed as a competitor. This applies with full force to all patent preparations, devices, chicanery, and humbuggery of quacks and imposters of every kind and degree, whose lies constitute one-half the printed matter of the world, and build colossal fortunes off the credulity, calamities and sorrows of the weak, sick and dying.

So gigantic, cruel and monstrous is the imposition from patent and secret remedies that a special emphasis is demanded in denunciation and exposition. We challenge refutation of the following arguments:

If their claims for efficacy are true, then withholding them from suffering, dying humanity or in any way restricting their widest dissemination and use is a horrible crime. If not true, then it is obtaining money under false pretenses, "not doing to others," etc., practising open, flagrant deception, dishonesty and robbery.

The proper treatment of disease depends upon a correct diagnosis. This is difficult with the best trained and most scientific. Yet the laity in their dense ignorance and innocence diagnose their

own cases and proceed to drink promiscuously gallons of cheap, mean whisky, with cheaper, meaner refuse, inert drugs, put in for the sole purpose, as a rule, of disguising the illegal, reprehensible sale of intoxicants and narcotics. This to innocent women and children, all alike.

The enormity and magnitude of the results are appalling: drunkenness, drug addictions, with their Pandora's box of evils, and premature deaths because of neglecting proper, scientific treatment. Most of these vile compounds contain a larger per cent of alcohol than does beer. This is the prime secret of their use. Each individual is a law unto himself as regards diseases, and their remedies, and no formula, no matter how potent or efficacious in a given malady, can be safely or intelligently administered to all alike.

Cheapness (not merit) is the cardinal virtue and leading characteristic of all patent, secret preparations. Printers' ink is the whole thing: cunningly devised lies to filch the hard-earned and much needed means of the pale, emaciated, cadaverous hosts of trembling, agonizing humanity in their furious unequal struggle against the grim destroyer.

The seeming good derived from their use (which elicits testimonials) is only the principle of suggestion (temporarily). "The wish being father to the thought", "The forlorn hope", "The catching at a straw." Most chronic invalids develop a mania for trying everything new. The last is always the best.

Would these secret-remedy fellows risk their own preparations and diagnosis upon themselves?

To be honest and consistent they must

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Bevan has found copper salts destructive to germs of actinomycosis and blastomycoses; iodine internally curative—J. A. M. A.

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Brass poisoning is not due to the copper but to some other metals entering into its composition.—Bevan, J. A. M. A.

answer in the affirmative. For this is exactly what they daily advise thousands to do. If in the negative, then they acknowledge to assuming risks upon the lives and interests of others just as dear and sacred as theirs, which they would not impose upon themselves. This for the root of all evil.

Yet the great medical profession cognizant of these terrible impositions (because of knowledge peculiar to the profession, which the laity has not, and cannot gain) dare not enter protest, lest they be accused of "mercenary motives", "regard them as competitors" and "are the self-appointed guardians and protectors of a competent public," etc. Were we to fail in this duty, we would be as culpable as would statesmen and jurists to wink at injustice and crime, or clergymen to withhold the precious truths of the Gospel. Concerning competition, the more of the vile stuff used the more work for doctors.

Prevention of disease is the motto of the profession today (although "Othello's occupation will be gone"). It is upon this principle we oppose secret remedies and all frauds and impositions.

First prevention, next a correct scientific diagnosis and proper hygienic management; last and least, drugs. Specifics are painfully few with doctors. Not so with the nostrum fiend and vendor. More than half the world's printed matter is to advertise *sure cures*. Whole pages of newspapers, magazines, etc., are adorned (?) with the photos of distinguished statesmen, jurists, divines and society ladies with testimonials as to the "wonderful efficacy and exhilarating, rejuvenating and exquisitely thrilling effects of peruna, Hostetter's

stomach bitters, etc.," ("plain drunk"). Wonder how much they're paid:

Besides,  
On houses, rocks, fences and trees,  
From ocean to ocean, and the lakes to the seas,  
Appears (for illustration) the three SSS's and three BBB's.

Why, these magical trios built Atlanta, if you please.

Another on the gentle, flowing, silvery Tennessee,

Is booming, jumping, growing big and lustily.  
From her rippling "aqua vitæ" sold as low as it can be,

At one round dollar per bottle, 'tis a little slippery,

But no matter, filthy lucre, is a stern necessity,

Must come, though the sick should suffer through their fool credulity.

They and the Regal city need it, and sure as sure can be,

They'll swing to it, through all of time and risk Eternity.

To attack them through the press (even should it avail good results), would scarcely be feasible or possible, since half or more of the income of the press is from this source. Hence the problem of a remedy is most serious and difficult.

Chattanooga, Tennessee.

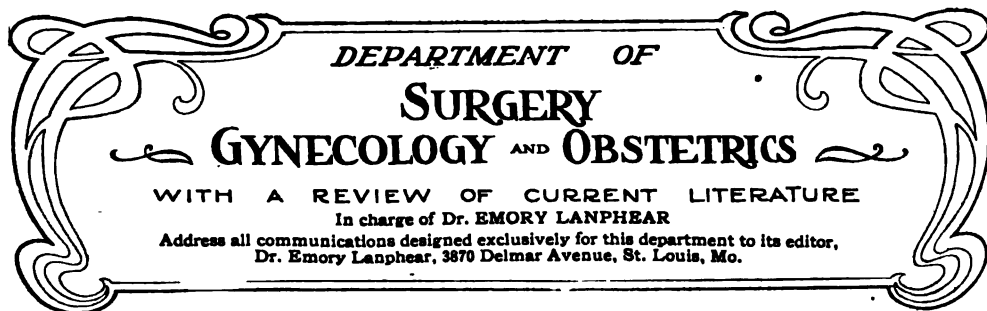
(Concluded next month.)

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The remainder of Dr. Abernethy's extremely interesting article will appear next month. This is strictly "warm stuff," but none too warm for the subject with which he deals. The CLINIC believes in fair play for every honest man, no quarter for the vicious or dishonest. We feel sure that every reader who feels the same, and who has followed the doctor's argument thus far, will want to know what he has to say about other "frauds, fools and fads." That the world is full of them, we all know, and once in a while we will admit that there are some in our own profession—even in our own town.—ED.

The bile has been found swarming with typhoid bacilli months and years after the primary attack.—J. A. M. A.

Neglect of therapeutics in England has opened a way to the chemists who have worked J. B. until he begins to kick.



## FOREWORD.

**T**HE ever widening field of medicine demanded alkaloidal medication. Now that scientific therapy has become almost national in its adoption, chiefly through the influence of THE ALKALOIDAL CLINIC, it is felt that the time is ripe for a department of surgery and diseases of women in the new and larger AMERICAN JOURNAL OF CLINICAL MEDICINE.

Howsoever skilful a physician may become, howsoever scientific he may be in the selection of his remedies, there must always be a large percentage of cases beyond his skill—there always must be the surgical case. The more this is kept in mind, the greater the ability to detect operable conditions, the stronger the courage to recommend prompt and proper surgical measures, the fuller will be the success of the general practitioner. True, every man can not be a surgeon; many there are who could never become skilful operators—they haven't the "knack," or the inclination; but every doctor must, in this twentieth century,

know fully and well the essentials of surgical diagnosis; he must of necessity learn to recognize surgical conditions when they arise and call to his aid such of his confreres as he knows to be "good surgeons"—a much abused term by the way. For the help of those who have not had the advantages of the great clinics of late years, for the benefit of those who have once known but have forgotten, and for the good of the entire 40,000 readers of the Great Journal this department has been established.

In it from time to time will appear brief articles by the foremost authors of the day. But none the less welcome will be short contributions from the vast array of workers who every now and then "drop on" to some practical point of vast import not dreamed of by the great professors. So, "let not your light shine under a bushel"—fire a ray now and then Chicagowards. Questions of practical import will be answered in these columns.

EMORY LANPHEAR.

## KIDNEY DISEASES REQUIRING SURGICAL INTERFERENCE.

BY J. M. BALDY, M. D.

Professor of Gynecology in the Philadelphia Polyclinic; Surgeon to the Gynecocan Hospital.

**I**T has been a matter of observation that in many of the kidney affections for which we interfere surgically, the most prominent symptoms are often not directly referable to that organ. This has occurred so fre-

quently that most of the cases of the kind which have of late come under my direct observation have either not been diagnosed as kidney disease (not even suspected) or, although the kidneys have been supposed to be the source of the



trouble, I have found the symptoms pointing in this direction to be so dubious as to make me a bit reluctant to operate. Two of five recent cases, for instance, were floating kidneys, with all the classical symptoms of gastrointestinal and nervous symptoms, but with local symptoms in abeyance and only elicited on palpation of the organ. I mean by this that the women had no symptoms referable to the kidney region until that organ was palpated when it was found to be tender and unduly movable—in one case so movable that the patient herself could at times grasp it in her hand through the abdominal walls. One case of cystic kidney with a well-defined adenoma on its surface was taken for ovarian disease; one case of calculus of the kidney and ureter was mistaken for and operated upon for an ovarian and uterine growth; and a tubercular kidney and ureter was mistaken for a pyosalpinx. All five cases came finally to operations on the kidneys with good surgical recoveries.

*Case I. Floating Kidney.*—Gynecean Hospital. Age 32 years, single. Menstrual history fairly normal. Considerable leucorrhea, extreme nervousness, headache, backache, stomach easily upset. No symptoms locally over region of kidney. On examination right kidney found movable and tender to touch. Incision in lumbar region. Kidney capsule incised and kidney anchored with encircling rubber tubes tied over pad of gauze lying over incision. Tubes removed at end of four weeks. This patient had such a good recovery and has so much relief that within three months she sent a second case of floating kidney for operation from the same town.

*Case II. Floating Kidney.*—Gynecean Hospital. Age 39 years, married. Menstrual history fairly normal, considerable leucorrhea, extreme nervousness, gastric indigestion and pains, backache and general miserable feeling of some years' duration. Pain below ribs on both sides. Right kidney so movable patient could grasp it, at which times it was sore and tender. Lumbar incision with similar operation as in Case I. Three weeks later cervix repaired and hemorrhoids removed. Returned home at end of five weeks.

*Case III. Cystic Kidney; Adenoma of Kidney.*—Polyclinic Hospital. About 28 years old, single. Was asked to see her with the object of doing an operation for ovarian disease and the statement was made that in addition a lump was discernible about the umbilicus, the character of which was obscure. She complained of some slight menstrual disorder and pain and had a feeling of discomfort in the right iliac region; gastrointestinal symptoms. An examination of the pelvis revealed nothing serious. The lump at the umbilicus extended back into the kidney region and its opposite end could readily be felt in the loin. It was evidently a large kidney, tender to manipulation, with no signs of malignancy. A lumbar incision allowed of its delivery when it was found to be universally cystic with a hard lump the size of a walnut at one point. An incision over the other kidney and an examination showed that organ to be healthy with an apparently healthy ureter. The right kidney was removed and both incisions closed as usual.

The following pathological report is by Dr. Longcope of the Ayer Clinical

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A state journal asks if its readers will stand for its loss if it excludes proprietary ads. No principle at stake?

Physicians treating yellow fever at New Orleans have again found their supposed immunity had evaporated.

Laboratory, Pennsylvania Hospital, one of the cyst-walls and the hard tumor having been submitted to him for examination. The whole kidney which was about double its normal size with the exception of one solid portion on the surface, was made up of cysts with thick walls from the size of a pea to that of an English walnut, all of which contained a clear fluid.

**Pathological Report.**—The specimen has an irregular shape. The walls appear of rather dense connective tissue extensively infiltrated with small round-cells, epitheloid cells and plasma cells occasionally forming large clumps. Here and there are the remains of a few kidney tubules lined by low cuboidal epithelium. One or two definite glomeruli are seen. Some of them have undergone complete fibroid change, while others are fairly well preserved, though small and surrounded by a thickened capsule. In places these walls are lined by flat cells. The section covering the solid tumor is composed of very dense connective tissue showing little cellular infiltration. It is filled with large cysts of various sizes lined by low cuboidal or flat epithelium; most of them are empty. The solid tumor itself represents a fairly well circumscribed edematous growth. It is composed of rather delicate connective tissue trabeculæ which anastomose to form a close network. They carry blood vessels and are lined by a single layer of cuboidal epithelium containing regular oval or round fairly deeply staining nuclei. No nuclear figures seen. These trabeculæ are often pressed closely together and the spaces between them are small. The diagnosis, therefore, is Cystic Kidney and Adenoma of Kidney.

The recovery was absolutely uneventful. The kidney which was removed had evidently long since ceased to functionate.

**Case IV. Tuberculosis of the right Kidney and Ureter.**—A young girl of 24 complaining of some bladder trouble. Family history not relevant. She was never very strong, but had had no severe illness. Puberty established at 16. Menstrual flow always scant and recurred at irregular intervals, but no dysmenorrhea. Never suffered with chronic cough. Present illness began in December, 1902, with a dull, heavy pain in right iliac fossa, though previous to this time she had some frequency of urination. The iliac pain became progressively worse, backache and headache with bearing down sensations developed. There was at this time marked frequency of urination with burning pain in bladder region. The urine was diminished in quantity and sometimes contained blood. She had occasional attacks of sharp, lancinating pain about the ovarian region on the right side, suffered much from nervous symptoms and dyspnea and began to lose weight. There was severe and constant pain in both legs. In this condition patient was admitted to Gynceean Hospital early in July, 1904.

**Physical Examination.**—A thin girl of somewhat anxious expression and pale mucous membranes. Heart normal in all respects. Lungs are uniformly resonant upon percussion. The respiratory murmur is clear and vesicular except at the left apex anteriorly where the expiration was somewhat harsh and prolonged.

**Pelvic Examination.**—A multiparous pelvis with small laceration of cervix and perineum. Left appendages negative.

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The Post Office has issued a fraud order against Nature's Health Restorer, its statements being proved untrue.

Indiana law provides penalties for anyone who endangers patients by prescribing things of unknown composition.

On right side a dense adherent mass diagnosed as a chronic pyosalpinx. Operation revealed very large and adherent ureter with enlarged cystic kidney. Uterus and appendages normal. Kidney and ureter removed entire through the original incision which was extended to the kidney region.

Pathological Report.—Specimens consist of kidney and ureter. The kidney is of normal size, of grayish brown color, capsule strips readily, leaving a nodular surface. Upon section the kidney structure cannot be made out, but the surface is covered with many small abscess cavities. Microscopically the kidney shows the characteristic appearances of chronic tuberculosis. The ureter is much thickened, measuring 8 mm. in diameter. The mucous membrane has undergone caseous degeneration. Serous coat shows many adhesions, contains pus. Microscopically ureter also shows lesions of tuberculosis. Tubercular bacilli found in pus from both kidney and ureter.

The convalescence was normal. Tubercular bacilli were found in the urine after operation and gradually disappeared. The cystoscope showed diffused tubercular ulceration in the bladder. The permanent result is in doubt as the girl returned home to the country and married against our urgent advice.

*Case IV. Surgical Kidney.*—Polyclinic Hospital. Specimen containing stone size of walnut in pelvis of kidney and two smaller stones in kidney substance. The kidney substance was riddled with pus pockets, one pocket being as large as a silver dollar. Admitted by me to my service at Polyclinic Hospital during Oc-

tober and operated upon by Dr. Erck on account of my illness.

Family history negative. Age 38 years. Married seventeen years, husband died four years ago, two children, one miscarriage. Oldest child fifteen years of age, living, youngest, five years ago; it died in second year. First labor was terminated with forceps, in bed two weeks, no complications. Miscarriage at seven months, occurred on the third day of an attack of pneumonia three years after first child. Second child born after a normal labor, in bed ten days, nursed this child. After the seventh month her periods reappeared and have been regular, though profuse, ever since. About three years ago she noticed that her urine occasionally had a very offensive odor and was turbid, she suffered no pain or other inconvenience nor did she consult her physician about it. In April, 1904, while doing heavy housework, she was seized with a sudden severe pain in right lumbar and inguinal region and on the following day her uterus projected from the vagina. This had never happened before. She dragged along a week and then consulted her physician who advised her to have an operation performed. She worked hard all summer and was admitted to the Polyclinic on October 25, 1904. Examination: Cystocele and rectocele. Uterus in second degree of prolapse. A cystic tumor reaching to umbilicus occupied the hypogastrium; in the right lumbar and inguinal region an irregular nodular mass, apparently connected with the pelvic organs could be made out.

Operation.—Abdomen incised in median line, the ovarian cyst was tapped and hysterectomy by amputation per-

Arteriosclerosis: Sawada gives a little digitalis if tension is low, kidneys good, getting good results.

Arteriosclerosis: In plethorics Huchard gave milk diet five days strictly with the use of digitalis.

formed. The cyst was of the left ovary, the right ovary was also cystic. The nodular mass in right lumbar region was found to be the much enlarged right kidney extending as low down as the pelvic brim.

After ascertaining by palpation that the left kidney was present and not diseased, the median incision was closed and an incision outside of and parallel to the semilunar line on right side made. The posterior peritoneum was cut through to the outer side of the ascending colon and the densely adherent kidney delivered. The vessels were tied off with medium-sized silk and the ureter traced down to beyond the pelvic brim where it was divided between two silk ligatures.

No more of the ureter was removed on account of the shock produced by the operation.

The recovery was uneventful. Four weeks later I repaired the cystocele and rectocele. The urine, which originally contained albumin and granular casts, is gradually clearing up.

#### REMARKS.

In none of these five cases were the symptoms such as to draw our attention directly to the diseased kidney and yet all five were cured by operation. Cases I and II suffered prominently from nervous and gastrointestinal disorders. Case II attributed her trouble to her kidney only because she could feel the lump through the abdominal wall and was told it was a kidney—naturally every ache and pain she had would be credited directly to that lump. So little did her kidney symptoms predominate that a specialist whom she saw at the first visit declared he did not believe she had a float-

ing kidney at all, he not having found it displaced at that visit. At a subsequent visit he found it, however, and advised the operation. Both these women were apparently cured by operation and fixation of the loose kidney.

The cystic kidney with the complicating adenoma (Case III) had absolutely no symptom of kidney disease whatever, except the tenderness on palpation of the enlarged organ.

The case of tuberculosis of the kidney and ureter, with the tubercular cystitis, had no kidney symptoms as the prominent feature. However, there was more than enough to have made an accurate diagnosis had time been given to investigate the case as it should have been. It was the old story of a case sent from the country getting to the hospital late in the day with the operation prearranged for the following day—the diagnosis made at her home and the most casual kind of a pelvic examination made at the hospital merely to make sure that the case would not be sent to the operating table and nothing found in the pelvis. The general appearance of the girl, a hasty examination by an assistant with the remark that there was an immovable mass on the right side and the case assigned to the next morning's work in the operating room. An examination of the urine alone and the discovery of the tubercle bacilli, or a cystoscopic examination of the bladder, would at once have put one on the right track.

The case of surgical kidney with renal calculi complicated by the ovarian cyst and the prolapse, could almost certainly have been overlooked until the operation, especially on account of the low position of the enormous kidney and the

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Arteriosclerosis: With angina use digitalis only in light cases where heart weakness is evident in intervals.—Romberg.

Arteriosclerosis: In cardiac asthma, nocturnal, give narcotic with camphor or caffeine; no morphine in angina.—Romberg.

absolute lack of symptoms pointing to the kidney. The albumin and casts would have told nothing.

I have oftentimes noticed this lack of prominence of the symptoms direct from the kidney and the chance of their being overshadowed by symptoms coming apparently from other organs. In only too many cases have the patients been sent for other troubles and their physicians surprised when told of the true situation. On not a few occasions has it been rather embarrassing, as the patient was not prepared for the character of operation necessary, not having been advised of the possibility. In the ordinary run of cases the kidney lesion should be

readily detected—the diagnosis is not so very difficult at least for a suspicion, if time be only taken for the investigation. Our mistakes in diagnosis in the hospitals are almost always due to being tempted to operate the day after the arrival of the patient, because both the doctor (who comes a long distance and must return) and the patient desires it so, and unless the kidney symptom is sufficiently prominent to at once draw our attention to it at even a casual examination, we are tempted to be good natured and yield to circumstances when our better judgment should warn us against the hurry.

Philadelphia, Pennsylvania.

## ACID STATES IN SURGICAL AND OTHER TRAUMATISMS.

BY GEO. F. BUTLER, M. D.

Professor of Practice of Medicine, Dearborn Medical College; Professor of Medicine, American College of Medicine and Surgery.

**C**ERTAIN facts have long been known about traumatisms and surgical operations which on any other principle than interference. That traumatism and surgical operations with metabolism were inexplicable. That traumatism and surgical operations produce mental disturbances has been recognized for many centuries. Before anesthesia became dominant *delirium traumaticum nervosum* was the title applied by the older surgeons to a confusional mental state, where as shown by the term "nervosum" there were no pathologic cerebral lesions determinable.

Neurosis in the older nosology was a condition destitute of determinable pathologic basis. The great diminution of these conditions after anesthesia and before antiseptics became dominant led to a disregard of the few cases occur-

ring, although surgeons like Billroth recognized and reported them. After antiseptics these cases seemingly became more numerous because the study of new antiseptics forced their recognition. The old pathologic view was adopted concerning them and from their study certain surgeons began to recognize the constitutional effects of an operation *per se* independent of its site or "reflex" explanations.

This constitutional effect of an operation *per se* was clearly of metabolic type and allied to the benign constitutional effects of traumatisms which had been long recognized in psychiatry. Cases occurred quite frequently in insane hospital practice where fractures and injuries had initiated improvement and even recovery, nay, cases were undoubtedly

Arteriosclerosis: Weak heart from coronary disease, with abdominal plethora, high vascular pressure—purge.—Romberg.

Arteriosclerosis: With early nephritis comes severe sudden dyspnea; high tension, weak heart, little urine.—Romberg.

proven, where members of idiotic families escaped idiocy by a fortunate skull fracture. These cases were not explicable on the ground that the skull fracture prevented suture closing. Counter-irritation was alleged by not a few clinicians to be the factor of improvement, but the only counterirritation which could be efficient was that which affected the organism as a whole, which hence must be an agency that could work through metabolism alone.

The metabolic factor underlying these changes had remained unsuggested until within the last ten years. That conditions like diabetes, gout, rheumatism and even constitutional dermatoses like the erythemas alternated with psychoses, neuroses and other constitutional disorders has long been known. The condition was known to the older clinicians as retrocession, and its philosophy underlay the wild psora vagary of Hahnemann which still survives despite the notoriously parasitic origin of scabies. The alternation of gout and mental disorder was most markedly demonstrable, and most frequently recorded, more especially since the mental attacks and the brief fleeting nature of the most common types of *delirium traumaticum nervosum*. By alienists the more extended mental alternations of diabetes were as frequently recognized, since these came under insane hospital care. The types varied according to the period of life when the patient was attacked.

That gout and diabetes were essentially suboxidation states was early demonstrated. That imperfect oxidation underlay depressed psychoses like melancholia and the depressed phases of the compound psychoses Meynert demon-

strated nearly forty years ago. That suboxidation products like acetone, diacetic acid and betaoxybutyric acid frequently coexist with these conditions has been shown by Coriat. That there is a large nervous factor in all metabolic processes was shown by Claude Bernard and Brown-Sequard. That the monarchical vasomotor center in the medulla and consequently the oxidation processes were affected by nerve changes external to the medulla these physiologists showed. The occurrence of imperfect oxidation from epilepsy and the epileptiform and apoplectiform attacks of parietic dementia were evidence along the same line. The mental and nervous phenomena of acidosis, the dangerous suboxidation phase of diabetes, tended to demonstrate from the kinship of the phenomena with those produced by traumatism, that these last were underlain by acid states.

During 1901-1905 urologic studies on various traumatisms and surgical operations have shown the coexistence of sugar and acid states with these. The nervous and mental explosions, judging by their resemblance to the nervous and mental conditions of acidosis, are clearly due to the imperfect elimination of acids and imperfectly oxidized sugar through renal insufficiency from sudden strain or preexistent unrecognized renal defect. The normal degree of urinary acidity is from 30 to 45. If it fall below 30 one of two things is occurring, either imperfect production of acidity or imperfect elimination. In the first event, imperfect oxidation is present. In the last event acid accumulation with all its possibilities is imminent. In certain traumatic insani-

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Arteriosclerosis: Neurasthenia after 40 to 50 suspicious; give much water; atropine relieves gast. int. paroxysms.—Romberg.

Arteriosclerosis: Best general remedy, pot. iodide; thins blood and lessens work to be done by the heart.—Romberg.

ties due to accidents, study of these conditions has revealed that after recovery of judgment, a period of seeming mental quiescence of ominously evil prognostic mental symptoms results for a time. Then there occur attacks of vomiting, purging, quasi-coma with return of the mental symptoms. These attacks are preceded by a diminution of the degree of urinary acidity often as low as 8, and their subsidence is announced by an increase beyond 45. Insolation and electric cases, which clinically so markedly resemble traumatic cases, present similar phenomena. There are nervously unstable people where similar attacks are produced by humidity. Some cases included under the popular medical

hotch-potch, hysteria, are clearly of this last type.

There is, precedent to aphasic attacks in some male hysterics, a diminished degree of acidity preceding the attack, which is succeeded by an increased degree of urinary acidity.

Therapeutically, these facts afford certain suggestions. More careful study of the urinary acidity in operations should be made. The influence of the anesthetic on renal elimination should also be studied more carefully from this standpoint. The prophylactic influence of sodium bicarbonate in suspected cases is likewise suggested.

Chicago, Illinois.

### KEZMARSKY'S DECAPITATING ECRASEUR.\*

BY MYRON METZENBAUM, B. S., M. D.

**T**HE chief indications for decapitation in utero are: (1) An impacted shoulder. (2) An impacted shoulder with one arm down.

In either case there may be either a normal or abnormal head, but decapitation must be restricted to cases in which it is impossible to do a version on account of the inability to move the child or because of the risk of rupturing the uterus, and when there are counter indications, or consent can not be obtained to a Cæsarian section.

The best known instrument for accomplishing a decapitation is the Braun's hook. After encircling the child's neck with the thumb and the two first fingers of the one hand, one introduces the in-

strument with the other hand, guiding the hook until it surrounds the neck of the child if possible and placing the hook between intervertebral space. After giving a few sharp turns of the handle the neck is broken and the soft parts are then torn through.

The Ramsbotham knife and hook is the same instrument with a sharp edge.

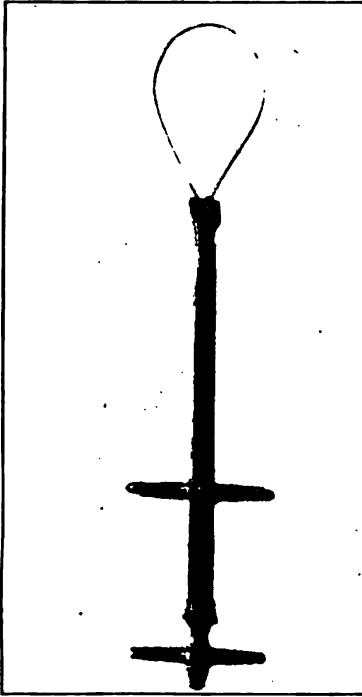
Not having an appropriate instrument on hand a string may be passed around the neck of the child, by the aid of a hook or catheter, and with a sawing motion the decapitation may be effected. A specially constructed instrument is the one I present, and of the several similar instruments suggested this is the simplest. Namely, it is an ecraseur. It was designed by Prof. Kezmarsky of Buda-

\*Presented at meeting of Cleveland Academy of Medicine.

Strychnine sustained at full physiologic effect cured a case of ataxia; due to exposure to salt water for hours.

The first principle of treating ataxia is to empty and disinfect the bowels; the second is to keep them empty and clean.

Pest, he being the successor of Prof. Semmelweiss, who first recognized the cause of puerperal sepsis. The technic consists in being able to pass the wire around the child's neck either from



Kezmarsky's (Buda Pest) Decapitating Ecraseur.

above downwards or from below upwards. This is done by surrounding the neck with the thumb and two first fingers as in using the Braun's hook, and catching the end of the wire, which is

fed by the other hand, and drawing it around the neck. If this is accomplished, then by fastening the loops at the ends of the wire on to the hooks and screwing up the handle, the neck will be rapidly severed from the body.

The advantages of this instrument are: Its simplicity; the very slight damage that can be done to the mother's parts; its great effectiveness; the rapidity of the operation. The instrument is simple, can be easily sterilized and is of very great power. The disadvantages are the difficulty which may arise in passing the wire around the neck and the slight danger of passing the wire through the uterine wall.

It is a very special tool and used only at very rare occasions. It does not "fill a long-felt want," for the Braun's hook can be used quite as effectively and almost as rapidly as this instrument when in the hands of the obstetrical surgeon; but it safer for the general man.

In general surgery this instrument may find a place where the ecraseur is generally used. However, as the ecraseur is quite an obsolete instrument it will find but little use here.

From a mechanical point of view the instrument is of very high standard, being simple, of few parts, easily manipulated, and of very great power.

Cleveland, Ohio.

## SURGICAL NOTES

### ETHER BY THE DROP METHOD.

Recently it has been demonstrated that ether may be given in the same way that modern men have given chloroform: with a dropper and an Esmarch mask.

The ether is poured on much more freely than the chloroform, is kept constantly dropping (no setting down of the bottle under any circumstances) and is varied from one part of the mask to the other so that none shall run through. It re-

Arteriosclerosis: Physiologic rest, reduce fat by diet not work, sleep sure, mild baths, no alcohol, caffeine drinks or tobacco.

Indiana law punishes him who endangers patients by prescribing while drunk or administers medicines.



quires fully fifteen minutes to secure complete surgical anesthesia, but the effect is much more satisfactory than from any other method thus far devised. Instead of the wild fighting of the old "suffocation" mode of administration the patient sinks tranquilly into unconsciousness; instead of a pound or two of ether being used a few ounces suffice; instead of the intense nausea and vomiting of the old way there is but slight stomachic disturbance since very little of the ether is swallowed to irritate the gastric mucous membrane.

### BOILS AND CARBUNCLES.

The first is a staphylococcus, the second a streptococcus infection. Small boils sometimes may be aborted in their incipiency by introducing with a hypodermic needle or sharp probe a drop or two of pure carbolic acid; but this will only aggravate a beginning carbuncle. If a definite pus cavity has formed, simple incision, if good gaping of the wound-edges is secured, is quite sufficient for most small boils and a few larger ones. With the larger kind very free incision is needful and if a small gauze drain is inserted there will be a free exit for the discharge and in a week, more or less, good granulations form and healing is uninterrupted. According to Rand the tendency to reinoculation of adjacent hair follicles can be prevented and the comfort of the patient promoted by washing the skin with alcohol and applying hot antiseptic compresses of boric acid or weak bichloride solutions. Large boils can be emptied more completely, and better drainage is secured, if a small oval

piece of skin is excised. The best treatment for carbuncles is to chloroform the patient, thoroughly excise all of the inflamed tissue, burn with pure carbolic acid, neutralize with pure alcohol and then pack with gauze. Unfortunately many patients will not submit to such heroic treatment until the disease is far advanced; but if the carbuncle is small, excision under cocaine and ethyl chloride anesthesia, combined, may be possible. Usually, however, all the patient will permit is incision of the central part of the mass of infiltrated tissue, with multiple incisions in the larger carbuncles. Then the application of hot antiseptic compresses will soften the tissues and encourage the separation of sloughs.

### AVOIDING SECONDARY OPERATIONS FOR GALLSTONES.

It is a well-known fact that quite a large number of patients operated on for gallstones have to submit to a second operation—for stones accidentally left behind, or for those which form after the cholecystostomy. Concerning the latter Dr. Maurice H. Richardson, of Boston, says in the *New York Medical Journal*, that after operations for gallstones, in about 15 per cent of all cases there is a new gallstone formation necessitating a second operation. This he contends could be avoided by increasing the amount of bile-salts by their administration by the mouth. Operation for gallstones is unfortunately imperative where there is occlusion of the duct, but after operation, in order to prevent a reformation of stone, care should be taken to increase the amount of bile-salts to hold the cholesterin and bilirubin in solution

If the mucous membrane of the small intestine is injured an enormous growth of bacteria ensues.—Rolly, *J. A. M. A.*

Patients are less exhausted after labor if they take light nourishment in early stages; it doesn't interfere with chloroform later.

The *Medical Standard* claims that in hepatic colic, if sodium glycocholate is steadily and regularly administered no more stones will be formed and those remaining in the gall-bladder will be gradually dissolved. During the process of solution they become soft and friable so that they can easily be crushed between the fingers. In chlorosis and anemia and in those diseases in which there is destruction of hemoglobin, the elimination of the excessive bilirubin formed is accelerated by an increased flow of bile, and as the anemias are largely the result of malnutrition, stimulation of the liver is of great therapeutic value.

#### TRAUMATIC EPILEPSY.

Far more cases of epilepsy depend upon trauma than is generally supposed. Those in which depressed fracture or other local irritation can be determined are fit subjects for operative treatment; but the friends of the patient should be thoroughly impressed with the idea that the patient must be kept under internal treatment for at least a year after operation. In truth more epilepsy is absolutely curable than taught in our books. At a recent medical meeting, Dr. Chas. H. Hughes, of St. Louis, who has had vast experience with this disease, declared that epilepsy can now in many cases be listed with the curable diseases. He reported ten cases under observation for twenty-five years in which there had been no recurrence. In treating epilepsy, he always demanded an agreement that the patient should be under control at least two years, during which time he would treat every function of the individual so as to keep his general health in the

best possible condition. Of course, institutional treatment is better in most cases than private treatment. Bromides and eliminatives are the basis of therapy; but solanine in doses of 1-67 grain four times a day, pushed up gradually to 1-12 grain, is earnestly advocated.

#### FEVER WITH GALLSTONES.

Gallstone colic, however severe, gives rise to practically no fever unless infection of the gall-bladder has occurred by the colon bacillus or one of the common pus-producing cocci; in case high fever accompanies the attack operation is imperative. In a recent article in the *Carolina Medical Journal* Dr. J. W. Long of Greensboro, N. C., very aptly says: "Fever accompanying gallstones depends always upon infection of the gall-bladder or ducts and varies from normal to 105° F. The peculiarity of gallstone fever is the sharp rise of temperature which lasts only a few hours and drops suddenly back to normal. It is often spoken of as "a steeple temperature." One of my patients in this town would have at irregular intervals a chill, accompanied by a terrific colic, and followed by a sudden rise of temperature to 105° F. A dose of morphine would relieve the pain and in a few hours the temperature would be normal. I found at operation a suppurating cholangitis with 39 stones in the gall-bladder and one in the common duct."

#### SUTURING WOUNDS.

The skilful surgeon knows how to sew the skin without the use of needle-forceps and still without handling the cut

Certain diseases in men are traced to similar ones in animals where flesh has been eaten by the sufferers.—Babes.

Each form of bacterium secretes a substance fatal to itself alone; seems to be an enzyme; stopped by porcelain filter.—Conradi.

edges with his fingers. By pressing the edges together the needle may be pushed through without any contamination of raw surfaces. Professor Mikulicz, the distinguished German surgeon (just dead), remarked: "Whoever has an opportunity of watching a surgeon operate can generally judge at first glance from his manner of suturing, the degree of perfection which his technique has attained." For it is here that the dexterity of the surgeon most distinctly manifests itself. In spite of the numerous ingenious devices for facilitating the insertion of sutures, none of them surpasses the hand. The surgeon who has learned to apply stitches accurately and rapidly will often be able to shorten materially the period of operation, and thereby greatly diminish the risk of shock, and especially is this necessary in operative work upon the gastrointestinal tract; by the time the intraabdominal work is completed the patient is often so near collapse that a life may be saved by the knowledge of how to suture rapidly. Mikulicz has well pointed out that in the development of the purely scientific part of surgery there is danger of forgetting what might be termed the mechanics of the art.

#### APPENDICITIS AND THE OSTEO-PATHS.

One of the dangers of osteopathic practice is rupture of appendiceal abscess by "rubbing." In a deplorable case recently under my observation, death undoubtedly resulted from "osteopathic" treatment. A child of fourteen years attended a lawn party and "skipped the rope" for a considerable time—until nearly exhausted. That night she was seized with

pain in the right iliac region, which the mother presumed to be indigestion due to overeating and administered a good physic. Next day the girl was better but complained severely of belly-pain, which again the mother wrongly interpreted as menstrual in origin, the menses having appeared that day. For several days the patient remained in bed with some fever and pain, when suddenly the mother found a "lump" in the belly near the hip-bone. Instantly the osteopath was summoned—something was evidently "out of joint." When he arrived he promptly complimented the mother on the accuracy of her observation, said the iliacus muscle had been displaced by violent exercise and—proceeded to manipulate the mass to secure restoration to the normal. He ruptured the abscess; the child went into collapse. I saw her three hours later—but she was dying. And yet such cattle are allowed to practise!

#### STERILIZATION OF KNIVES.

The question is often asked: How may knives be sterilized, as boiling dulls them so? Royster, as the result of experiments and of correspondence with a large number of operators, has reached the following conclusions: "(1) Knives can be safely sterilized by chemical and mechanical means without the use of heat in any form. (2) The majority of American surgeons are using carbolic acid, or alcohol, or both. (3) Immersion in ninety-five per cent alcohol has the least, and boiling the most, effect in dulling the edge of a knife." To all of which I want to offer the most strenuous objection. After a knife has been in a streptococcus abscess *nothing but boiling is*

Milk from immunized animals renders immune other animals that are fed on milk from the former.—Figari.

If large pericardial effusions are removed too rapidly dangerous cardiac weakness may supervene.—Curschmann.

*safe!* Boiling does *not* seriously dull a knife if it be boiled in a very strong solution of washing soda (sal soda); cooking soda (bicarbonate of soda) will *not*

do—it is absolutely useless; but the carbonate (sal soda) can be relied upon invariably. I have a knife which has been boiled 5,000 times and it still “works.”

## GYNECOLOGICAL NOTES

### IMMEDIATE REPAIR OF PERINEUM.

A half hour after delivery is the best time to properly restore the perineum. At that time the tear can be plainly seen and accurately sutured without anesthesia. The tear is usually crescentic, starting in one of the posterior vaginal sulci (commonly about two inches up the posterior vaginal wall) and sweeping in a curve outward to the middle of the perineum. Sometimes there will be two such tears, which together make the crescent of Emmet. Such tears can be easily closed with one or two continuous catgut sutures, starting at the apex of the tear and bringing the tissues together with an over-and-over stitch, which commences on the mucous membrane and passes to the bottom of the tear, then up to the mucous membrane on the other side of the tear; this, if continued, unites first the tear in the vagina and brings the torn skin-edges close to each other. One or two supporting stitches of silkworm gut may be passed through the middle of the perineum from the skin; or a No. 4 catgut may be used and if the wound has not been infected there will be primary union. When the rupture extends through the sphincter ani chloroform should be given as soon as the placenta is delivered and an effort made to clean out the rectum without contamination of the raw surfaces. When the bowel is

fairly clean from gauze swabbing and careful irrigation, the rectal mucous membrane must be closed with No. 2 catgut by interrupted stitches one-quarter inch apart, tied in the rectum. When the sutures have been introduced well beyond the anal margin the remainder of the operation is as described above, except that more care must be exercised to bring the separated levatores ani muscles together and hold them in place by passing the silkworm gut stitches through them as well as the skin and subcutaneous tissue.

### PRECAUTION AS TO TRENDELENBURG POSITION.

In performing celiotomy for pelvic troubles where the Trendelenburg position is employed, the incision in the abdominal wall should not be closed while the patient is in that position, as emphysema of the abdominal wall is likely to follow with distressing symptoms. Meinert of Dresden, has known eight cases of this kind, and Leopold alone has had eight. The emphysema occurs between the peritoneum and muscle (the peritoneum sometimes being easily separated from the muscle, particularly where there has been considerable manipulation in the peritoneal cavity), and in the subcutaneous areolar tissue. It is not harmless, but it increases the rapidity of the pulse, causes considerable pain, and

Spasm of involuntary muscular fiber often coexists with dilation in another part of the same organ.—Brunton.

Belladonna is one of the most useful drugs for relieving spasm of involuntary muscular fiber I know of.—Brunton.

makes the patient restless. It also may extend into the inguinal region, or even, as in one of Leopold's cases, to the axilla. Healing will be seriously interfered with. The trouble may be avoided by placing the patient in the horizontal position before closing the abdomen. The greater part of air admitted to the belly is thus expelled.

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#### NASAL DYSMENORRHEA.

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The relationship between the nasal mucous membrane and the sexual apparatus is often forgotten. One should always remember that there is a woman behind the uterus. In cases of persistent dysmenorrhea relief may sometimes be afforded by painting the genital spots in the nose with 1 per cent solution of cocaine, as demonstrated by Schiff, Ries, Fliess and others. During menstruation there is a congestion of the Schneiderian membrane not present during the rest of the month; a congestion which may also be produced by violent sexual excitement—the popular expression “bride's cold” being a lay recognition of the relation between the nose and the sexual sphere. In most people there is a temporary swelling of the nasal mucous membrane just preceding and during the sexual act, disappearing with detumescence.

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#### TREATMENT OF ABSCESS OF BROAD LIGAMENT.

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When one is sure the suppurative process is limited to the broad ligament, or that the abscess can be reached from below, the best treatment undoubtedly is free vaginal incision and downward

drainage; and with some operators the relatively high mortality of abdominal section for complicated cases of suppuration in the uterine appendages has led to the employment of simple incision and drainage in even those cases. This might be considered, as Noble says, a reversion to the type of operation in vogue before the introduction of abdominal section for the cure of inflammatory disease of the uterine appendages; but this is only partly true. The old operation of aspiration and puncture for pelvic abscess was practised without an adequate knowledge of the pathology of pelvic suppuration; and enlightened by this knowledge the surgeon is enabled to vary his technic so as to meet the indications for the thorough evacuation and drainage of the pus cavities in the different classes of cases presenting themselves.

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#### NOTE ON EXAMINATION.

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In making an examination of a woman known to be hysterical, care should be taken not to manipulate certain spots; the breasts, the clitoris, etc.; for, as Havelock Ellis points out (*Psychology of Sex*, page 9): “In some hysterical subjects there are so-called ‘erogenous zones,’ simple pressure on which suffices to evoke the complete orgasm.”

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#### SEXUAL NEURASTHENIA.

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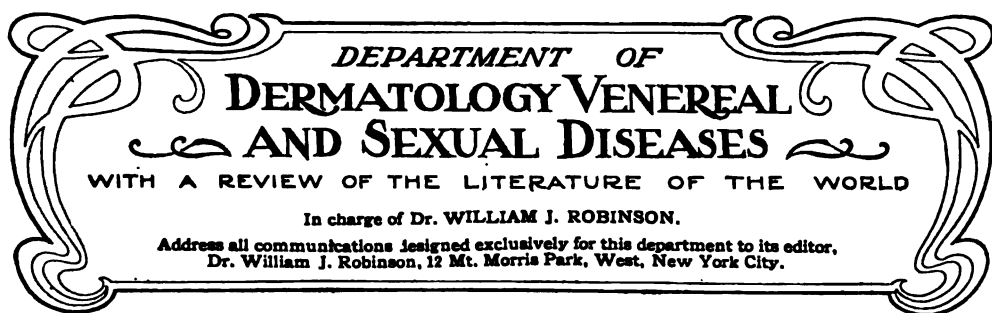
It is a queer fact that sometimes sexual neurasthenia is the only discoverable cause of persistent pruritus vulvæ, and more rarely, even of troublesome itching of the anus.

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In chorea arsenic has been recommended, but I do not think it is of much use, having obtained no benefit from it.—Brunton.

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Not infrequently hysteric general spasm may be relieved by means that tend to raise the blood pressure.—Brunton.



## SALUTATORY FOREWORD.

**T**O the readers of THE AMERICAN JOURNAL OF CLINICAL MEDICINE, Greetings:

I rejoice in the opportunity of being able to address from month to month forty thousand American physicians, of sharing with them my little knowledge, my ideas, my aspirations.

It shall be my endeavor to make the Department of Dermatology, Venereal and Sexual Diseases of distinct and practical value to the general practitioner, of immediate value to him in his daily practice. The subject of Venereal and Sexual Diseases has been neglected too long, to the incalculable injury of the medical profession and to the immense benefit of the quacks and charlatans. This should not be so and it shall not be so in the future, as far as lies in our power.

Besides editorial and original articles, this Department will contain a review of the literature on the subject in the English, French, German, Italian, Spanish and Russian languages. We can assure our readers that nothing of importance in our special branches will ever

fail of being chronicled in these pages.

This is my department and for this department alone I am responsible. With the advertising pages I have nothing to do. The general policy of the JOURNAL, however, is to exclude all objectionable advertising and it is going at the work with an earnestness and sincerity which we should be pleased to see emulated by some of our pretentious weeklies.

To avoid any possible misunderstanding or carping criticism, it is perhaps well to say right here, that while the entire editorial force or "cabinet" is working in harmony and unison, each member thereof preserves his entire independence, his entire freedom to express his own opinions in his own way. As I understand it, each member is responsible only for what appears under his name, or in his department.

And now permit me to wish you all A Happy New Year! May the year 1906 bring you Happiness, Peace of Mind, Greater Wealth, Greater Power, a Greater Sphere of Work and Influence!

WILLIAM J. ROBINSON.

## HAS THE SPECIFIC ORGANISM OF SYPHILIS BEEN DISCOVERED AT LAST?

**T**HE history of the *Spirochaeta pallida* is a remarkable commentary on the care and skepticism with which new medical dis-

coveries, new remedies, new theories are being received at the present time. Had the Spirochæta been discovered ten or fifteen years ago, the announce-

ment would have been made with the beating of drums and the clanging of cymbals and its specificity would not have been doubted for a moment. But during the past decade or two we have had so many wonderful specifics announced which soon came to naught, so many "specific" organisms of syphilis have been discovered which afterward proved to be ordinary cocci or bacilli (for instance, Lustgarten's bacillus is held by many investigators to be identical with the smegma bacillus), that the profession has become very wary. And rightly so. Still, there can be but little doubt that the *Spirochæta pallida* has a close etiologic relationship to syphilis. It is found too uniformly in the primary and secondary lesions of syphilis and it is too uniformly absent in nonspecific lesions. If this be the case, why do we not come out openly and declare boldly that the *Spirochæta pallida* is the specific germ of syphilis, the same as Loeffler's bacillus is the specific germ of diphtheria?

For this reason:

It does not fulfill the triad of Koch. Koch laid down three demands which he very justly claimed must be fulfilled before a germ can be declared specific in relation to any disease: (1) We must find the germ in the diseased tissues, (2) we must be able to cultivate it, and (3) when inoculated into animals or man, the germ must reproduce the disease. So far the *Spirochæta pallida* answers only the first demand; whether it will ever fulfill the second and third demands is questionable, as the organism is extremely delicate, and so far attempts at cultivation have failed. But it is a risky thing to prophesy.

Now, what is the *Spirochæta pallida*?

It is a minute organism, belonging to the class of protozoa, spiral or corkscrew shaped, having often as many as fourteen turns, very thin and very motile. It can be seen with the highest powers of the microscope only. There is another spirochæta, called *S. refringens*, similar in shape to the *pallida*, and which may readily be mistaken for the latter by the inexperienced. But the *S. refringens* is thicker, has longer and fewer spirals and stains more readily and more distinctly. If one has seen typical specimens of both spirochætæ he will not be likely to mistake the one for the other.

The honor of the discovery belongs to Schaudinn and Hoffmann, both of Berlin. The writer was fortunate enough to be present at the meeting of the Berlin Medical Society, at which the announcement of the discovery, with microscopic and stereopticon demonstrations, was made, and he gave a report of the meeting elsewhere. The skepticism was quite general at first, but as corroborative reports began to come in from Metchnikoff and Roux, Rille, Frosch, Levaditi, McWeeney, Oppenheim and Sachs, Buschke and Fischer and from numerous other observers in all parts of the world, the skepticism gave way to unbiased expectance and then to pretty general acceptance.

The staining of the organism is not difficult, but requires of course practice. The smears must be *exceedingly* thin; with thick smears you may pretty confidently count on failure. The original stain with which Schaudinn and Hoffmann (and the writer) worked is Giemsa's eosin, Azur I and Azur II stain (the stain is very difficult to prepare and

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Camphor monobromide has succeeded with chronic forms of lumbago where given in doses of a grain every half hour till effect.

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Lumbago: Acute sudden cases as after a strain are quickly relieved by ammonium bromide; gr. 20 every 8 hours, 6 doses.

must be bought ready-made), but Oppenheim and Sachs, assistants in Prof. Finger's Clinic, Vienna, reported a method (*Deut. Med. Wochen*, July 20, 1905) which is quite simple and generally satisfactory. The method is as follows: The slides with the thin smears are dried in the air and dipped into a solution consisting of 10 Cc. of a concentrated alcoholic solution of gentian violet and 100 Cc. of a 5 per cent aqueous solution of carbolic acid. The slides are then slowly dried by heating over a Bunsen burner; while the Giemsa method takes twenty-four hours, this method takes only a few minutes.

#### THE TREATMENT OF PSORIASIS.

In one of his popular monographs for the general practitioner, Dr. S. Jessner of Wuerzburg outlines the treatment of psoriasis as follows: Leaving dietetic regulations aside as of little or no avail, we may hope for success from the use of certain internal remedies. The first place belongs to arsenous acid, which is best given in pill form, each containing about 1-20 grain, to be increased later to gr. 1-15, and to be taken three times daily after meals. The customary addition of black pepper to the arsenic is unnecessary. This treatment should be continued for at least three months, gradually increasing the dosage and as gradually diminishing it. It is futile to expect rapid results, but with patience we may look forward to a disappearance of the psoriatic patches. If necessary, this course of treatment may be repeated every six months. Much more brilliant results can, however, be obtained

from the hypodermic use of arsenic. A one per cent solution of sodium arsenate may be employed, or the ordinary Fowler's solution diluted with an equal part of water, injecting 1 to 15 minims daily, gradually increasing the dose. This method has slight drawbacks, which are obviated by using the new arsenic derivative, atoxyl. The following formula is practical:

Atoxyl ..... 4.0 (1 dram)  
Distilled water .. 20.0 (5 drams)

S. One to 15 minims hypodermically.

One small injection daily can be given, or two larger injections twice a week. Another preparation of arsenic, to be similarly employed, is sodium cacodylate.

Sodium cacodylate... 1 dram  
Distilled water ..... 2½ drams

S. For hypodermic use.

Arsenic has even been injected intravenously, but this method is not meant for the general practitioner. It is necessary to bear in mind the untoward by-effects of arsenic, when the patient is taking it steadily. Such are: colicky pains, diarrhea and especially the appearance of pigmented patches on the skin, the so-called arsenic melanosis. These manifestations prohibit the further continuance of the drug.

Next to arsenic, the iodides deserve mention in the treatment of psoriasis. They are very much used in France, and have been productive of good results. The iodide of sodium or of potassium may be given, but in large doses, one to two drams daily for many weeks. Or iodipin (25 per cent) may be given under the skin in daily quantities of 1 to 2 drams. On the other hand, thyroid ex-

**Lumbago:** Investigate the rectum, uterus, and other pelvic viscera; and find what you are trying to treat, to begin.

**Lumbago:** Some cases are true neuralgias and relieved by full doses of zinc phosphide, strychnine, iron and quinine arsenates.



tract has been a disappointment in this disease and deserves mention only to be condemned.

While internal medication is useful, especially when the disease is generalized and the skin irritable, it is not nearly so important as the external treatment. Before applying external remedies, the skin must be brought to a proper condition, all signs of irritation having been removed by some soothing ointment or paste, for instance:

Zinc oxide .....  $\frac{1}{2}$  ounce  
Starch .....  $\frac{1}{2}$  ounce  
Vaselin ..... 1 ounce

The next step is to remove the crusts and scales. A warm bath with soft soap usually suffices, though at times repeated bathing and even mechanical scraping is necessary. Among the numerous antipsoriatic remedies chrysarobin easily comes first. It may be used in ointment, paste, or solution in traumaticin. [Traumaticin is a solution of gutta percha in chloroform.—W. J. R.]

Chrysarobin.... 8 grs. to 2 drams  
Vaselin, to make 10 drams

S. Salve.

or Chrysarobin.... 8 grs. to 2 drams  
Zinc oxide..... 2 drams  
Vaselin, to make 10 drams

or, in solution:

Chrysarobin....  $\frac{1}{2}$ —1 dram  
Traumaticin to make 10 drams

The solution, when applied to the patches, forms a thin skin which adheres firmly. This method is applicable to small areas. Chrysarobin gives good results in about three-fourths of all cases. However, the drug has many drawbacks and by-effects, such as conjunctivitis, which may easily supervene, discolora-

tion of the skin, dermatitis and even nephritis. It also stains the clothes. All this makes the choice of some other remedy often imperative, and here pyrogallic acid is to be recommended as also very efficient. It is however, a potent poison, and should not be used over extensive areas or in children.

Another efficient remedy is eugallol:

Eugallol,  
Acetone, aa., equal parts

S. External use.

The patches are painted with this once every day, and after drying, a dusting powder is used, such as zinc oxide.

For mild cases of psoriasis, especially about the face and scalp, the white precipitate of mercury can be recommended in 10 per cent ointment form.

Formerly tar played an important role in the treatment of psoriasis, and it is still often quite welcome as an adjunct to chrysarobin and the other more specific remedies. The oils of tar may be safely used—oil of cade, oil of birch, also pure liquid tar. Salves containing tar are not so efficient.

Naftalan, a modern preparation having the consistency of a thick salve, is often remarkably useful. It may be applied on lint and covered with wax paper, a bandage holding it in place.

No good word can be said about sulphur and ichthyol in psoriasis.

Finally, salicylic acid should be mentioned on account of its keratolytic properties, which render it valuable for the purpose of softening the patches. The following is a useful prescription:

Salicylic acid .....  $2\frac{1}{2}$  drams  
Chrysarobin ..... 5 drams  
Oil of birch ..... 5 drams

Ataxia: One of the most eligible experiments is to clear the bowels; disinfect and hypo nuclein solution in fullest doses.

Lumbago: This is never rheumatic—there are no joints in muscles. Hot-water bags relieve acute forms; lunar caustic chronic ones.

Soft soap .....6 drams  
 Vaseline .....6 drams  
 Make an ointment.

[We can testify from personal experience to the great efficiency of this combination.—W. J. R.]

Salicylic acid may also be added to solutions of chrysarobin:

Chrysarobin ..... 1 dram  
 Salicylic acid ..... 1 dram  
 Traumaticin to make 10 drams  
 S. Apply to patches.

The treatment of psoriasis with light and Roentgen rays has not justified the original expectations, and we are thus thrown back upon salves and other old-fashioned applications.

### NON-GONORRHEAL URETHRITIS

Dr. Henry G. Spooner, in considering the subject of non-gonorrheal urethritis notes that it was at one time confused with syphilis, and later on was charged solely to the presence of the gonococcus. Experiments have since proved that urethritis can be due to various pyogenic organisms. Cases of this kind are not rare in this country, and clinicians should take them into consideration.

The causes that contribute to the production of urethritis being so numerous, the author prefers a classification based upon the clinical conditions in which cases of non-gonorrheal urethritis have been observed, and suggests the following classification:

(1) Urethritis caused by external irritation—coitus, catheterism, ungratified erections, masturbation, medicated injections; (2) that caused by internal irri-

tation, food, drinks, drugs, gout, rheumatism, arthritic diathesis, diabetes, herpes, mumps, syphilis, tuberculosis, typhoid fever.

Coitus renders the urethra more susceptible to germ invasion, if the urethra has before been inflamed by gonorrhea or other cause.

Differential diagnosis is impossible from the clinical point of view, but as a rule in the non-gonorrheal type the incubation period and the course are shorter and less painful than in the specific form.

As to treatment in non-gonorrheal urethritis of constitutional origin the exciting cause must be removed. When pyogenic bacteria are the cause, the treatment should correspond to that of the gonorrheal type. In some cases of aseptic urethritis however, the origin remains a mystery, and no form of treatment is effective.

The author's conclusions are: (1) The presence of pyogenic bacteria is not sufficient to cause urethritis until the vitality of the epithelium is lowered: (2) there are two varieties of non-gonorrheal urethritis of primary origin, that caused by external irritation, and that due to internal irritation, chemic or toxic; (3) no incontestible cases of urethritis caused by gout, rheumatism, the arthritic diathesis, diabetes, or mumps are contained in the literature.—*Med. Rec.*, Nov. 11, 1905.

### PRIMARY SYPHILIS OF CONJUNCTIVA.

Dr. W. J. Forshaw, of West Australia, cites the case of a housekeeper who, in attendance upon a syphilitic, one day

Lumbago: Massage with hot cod-liver oil is useful in many chronic cases; also faradism; sometimes galvanism in recutes.

Lumbago: Use arsenic iodide for elderly cases with arteriosclerosis; with laxatives and massage always and in plenty.

complained of pain in the eye (*Brit. Med Jour.*, Oct. 14, 1905). The conjunctiva was chemosed, projecting over the edge of the cornea, and there was a slight discharge of watery fluid. A small gray patch of slough was apparent on the ocular conjunctiva, which was engorged and swollen.

The eye was gently washed and fomentations were applied frequently, but the condition continued ten days without much change. As the inflammation began to subside the patch did not suppurate, and at no time was there any ulcer. In a month's time the slough had gradually disappeared, leaving no mark on the conjunctiva.

About the third week the preauricular, cervical and submaxillary glands began to cause pain, and became enlarged and hard. The temperature rose every night to about 100 degrees F., the patient had pains and aches throughout the body, and at the end of the sixth week a well-marked rash had appeared on face, trunk and limbs.

Infection was probably acquired by means of the fingers. There were no genital or other sores.

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#### A NEW SYMPTOM OF CONGENITAL SYPHILIS.

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The importance of an early diagnosis of congenital syphilis is sufficiently attested by the large number of books, dissertations, etc., devoted exclusively to the early manifestations of the disease. Nevertheless, the usual data relied upon are only too often unreliable. Neither the history of repeated abortions nor the recognized skin-lesions of the infant can always be leaned upon confidently in

making a positive diagnosis. Hence the importance of a new sign described by W.P.Jukoffsky (*Med. Obos.* LXIII, No. 7), consisting in a peculiar dryness and mobility of the epidermis. Sometimes, especially in infants with slighter degrees of atrophy, this phenomenon is found only in certain regions, as upon the chest, the abdomen, the neck, sometimes only on palms and soles. The epidermis in these cases is loosely adherent to the cutis below and is movable. When this looseness is general, the epidermis covers the body like a thin shirt, and when the child moves, the loose covering is thrown into folds and presents a curious wavy surface.

The entire picture is quite characteristic and is seen immediately after birth. In a few days the appearance of the skin begins to change slowly, owing to deep cracks and fissures which result in bleeding stripes and spots, giving the surface a variegated aspect. Desquamation now also sets in. There is no icterus. The outcome is usually fatal, death taking place in the course of a few days. This description ought to be sufficient for a diagnosis and the author urges physicians to be on the lookout for this new sign of congenital syphilis.

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#### LARYNGEAL SYPHILIS REQUIRING TRACHEOTOMY.

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Dr. C. F. Theisen reports a unique case of laryngeal syphilis which required tracheotomy to save the patient's life. (*Laryngoscope*, September). The symptom for which she sought relief was a gradually increasing dyspnea. On examination the nose and nasal pharynx were found normal, with the exception

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Lumbago: If you use rhus, give small doses often until there is beginning irritation of the bladder; otherwise useless.

Lumbago: The vegetable stimulants to lymphatic absorption, stillingin, phytolaccin, xanthoxylin, rumin, full doses in hot water.

of a slight nasopharyngeal catarrh. The entire epiglottis was infiltrated and pulled back to such an extent that the laryngeal entrance was practically closed. There were no ulcerations. The glottis, with the exception of a very small opening posteriorly, was closed by a mass of cicatricial tissue stretching from side to side just under the vocal cords. The attacks of dyspnea became so frequent that it became necessary to perform a low tracheotomy under local anesthesia. Since then the gain in the patient's general condition has been quite remarkable. She is still wearing the tracheotomy tube. Theisen favors intubation in cases in which the stenosis is not extreme and when it is caused by a thickening and infiltration of the cords and ventricular bands, thus narrowing the glottis. In some such cases intubation may be carefully used without preliminary tracheotomy. When the stenosis is extreme, however, or when membranous adhesions exist between the cords, leaving only a very small opening, a tracheotomy should precede attempts to dilate the stricture from above. In such cases a sudden edema may prove fatal before an intubation tube could be properly adjusted. Tracheotomy, followed by laryngeal fissure, offers the best chances of a permanent cure when there is such cicatricial tissue occluding the glottis by uniting the cords.

#### LOCOMOTOR ATAXIA IN CHILDHOOD.

This disease occurs very rarely in children, there being about twenty-five cases on record. Dr. M. S. Marguliss (*Med. Obs.* LXIV, No. 17) writes on the subject and emphasizes some interesting fea-

tures of the disease. Clinically, tabes has much the same manifestation in children as in adults. The picture is perhaps clearer in early life, owing to the absence of several disturbing factors peculiar to adults. The history of all cases of children's tabes reveals syphilis in the parents, though the children themselves seldom show signs of syphilis, the infection remaining latent in them.

How does it happen, one might ask, that tabes in children is so rare, while hereditary syphilis is so frequent?

This the author answers as follows: first of all, not every case of syphilis leads to tabes, the latter being usually the result of a chronic luetic infection; secondly very many syphilitic children die of other diseases before they have had time to develop into tabetics. Hence the disproportion between tabes and hereditary syphilis.

#### THIOSINAMIN IN THE TREATMENT OF URETHRAL STRICTURES.

Dr. E. Remete, (*Centr. Harn und Sexualorgane*, 1905, 215), reports his results from the employment of thiosinamin in 20 cases of urethral stricture. He used a 15 per cent alcoholic solution and of this he injected 15 minims into the back twice a week. The injection of an alcoholic solution of thiosinamin is quite painful and cocaine must often be used to deaden the pain. According to the author, the results of the injection were quite favorable. They did not, *per se*, dilate the strictures, but the strictures became softer so that dilatation was much easier and much more rapid. The author's explanation of the favorable ac-

Lumbago: Enforcé the diet the case needs anyhow, and regulate digestion; see if results do not vindicate this advice.

Lumbago: Many elderly cases are the direct result of laziness and inertia; stir them up to limbering exercises.

tion of thiosinamin is a very fanciful one. He thinks that thiosinamin improves the action of the heart. This gives the vessels of the scar tissue a better blood supply and the better blood supply softens the strictures. [While the resolving action of thiosinamin on scar tissue, when injected directly into the latter, is pretty generally accepted it is, in our opinion, decidedly far-fetched to assume that thiosinamin would have a beneficial effect on urethral strictures when injected into the muscles of the back. On the other hand, if the value of thiosinamin is merely that of a cardiac tonic, then why select such an uncertain and disagreeable remedy? Why not employ one of the well-known and established cardiac tonics; such as digitalis, strophanthus, strychnine, etc.?—W. J. R.]

#### **MAMMARY SYPHILIS SIMULATING CANCER OF THE BREAST.**

Dr. Edwin Beer (*Med. News*, Oct. 28, 1905.) attending surgeon of the Sydenham Hospital, New York, reports a case of mammary syphilis, with involvement of the axillary and supraclavicular glands, simulating cancer of the breast. There are less than fifty reported cases of syphilis of the breast, and but few of these simulated carcinoma with such an involvement as the one now reported. The patient, a married woman of thirty-five, was found with a non-tender mass measuring 2 by 3 inches in the upper half of her left breast, imbedded in the glandular tissue. It was freely movable on the deeper parts and not attached to the skin. The nipple was normal. In the region directly below the middle of

and in the left supraclavicular region there were similar masses, and a number of other enlarged glands in the axilla, as well as a number of enlarged lymph nodes.

The author discarded the first impression of cancer of the breast, the peculiarities of the case suggesting mammary syphilis. The patient's history confirmed his view. Her first husband had infected her with a venereal disease, for which she had been treated. A child had been born to her in the sixth month, and she had since been troubled with sore throat, pains in back, knees, and shins.

The patient was accordingly put on mercury hypodermically and iodides internally in increasingly large doses. In a month's time the breast was normal, the tumor in the upper half, and the large masses in the axilla and supraclavicular region were absolutely gone.

Other symptoms were much ameliorated, and she had gained in health. The same treatment was continued for another month, with still further improvement. The tumors had disappeared completely, as had all the posterior cervical glands.

#### **ACUTE PROSTATITIS AND ITS TREATMENT.**

Dr. H. M. Christian, professor of genitourinary diseases at the Medico-Chirurgical College of Philadelphia, is of the opinion that in most cases the clinical symptoms of acute prostatitis may be easily detected, but a rectal examination should be made in every case in which the posterior urethra is involved. By this means it may be determined whether

Lumbago: The sequence of too hard and long work—or of too little to keep the muscles from adhering to their sheaths.

Brown-Sequard found atropine and ergotin useful in locomotor ataxia; gives enough to affect the vascular tension.

there is any enlargement or marked tenderness of the prostate.

The patient should be ordered to bed at the onset of the disease, and the bowels opened every day by a saline laxative. Opium and belladonna suppositories should be placed in the rectum two or three times a day, salol and urotropin being administered by the mouth. Rectal irrigation with very hot water t. i. d., patient to retain as long as possible.

When the acute inflammatory symptoms have begun to subside, in the course of a week or ten days, and the prostate shows no tenderness on rectal palpation, massage of the gland with the index finger will be found effective but it must be done gently at first to guard against epididymitis. Before the massaging process, the anterior urethra is washed out with a solution of silver nitrate, 1 to 8000, and then the bladder is filled with the same solution which, is to be retained until each lobe of the prostate has been lightly "stripped" about five times. By such treatment the posterior urethra is thoroughly irrigated, the distended follicles of the gland are emptied, and the contents washed out from the urethra along with the irrigating fluid. Treatment should be continued for a few weeks, or until complete resolution has taken place. This latter may be aided by inserting into the rectum at bedtime suppositories containing 10 minims of ichthyol.

In the acute parenchymatous type, the greatest relief will be obtained from the "prostatic cooler", an instrument furnished with an intake and outflow tube, and which, when inserted into the rectum against the prostate, allows a constant flow of cool water about the gland.

This treatment can be pursued indefinitely.

When an abscess forms in the prostate gland, shown by such symptoms as repeated rigors, hectic fever, and fluctuation on palpation, surgical intervention is indicated. Spontaneous rupture of the abscess is the rule, the most frequent outlet being through the urethra. The subsequent treatment is then similar to that employed in the acute follicular variety—gentle prostatic massage and silver nitrate irrigations. When the abscess ruptures into the rectum, hot rectal enemas of normal saline solution are indicated twice daily.

#### SYPHILIS OF THE INTERNAL EAR.

Dr. W. C. Collins, *Brooklyn Med. Jour.*, November, states that syphilis of the internal ear is much more common than one would suppose and many of the deaf ears that we see are undoubtedly caused by the disease. It may be unilateral, but is usually bilateral. The symptoms are sudden and severe deafness, much more pronounced in one ear and gradually increasing in the other, more or less vertigo and violent tinnitus. Tuning-fork examination is of the greatest importance, bone conduction being diminished or entirely lost. For a positive diagnosis the stigmata of or history of syphilis are of course necessary. The treatment consists of general antisypilitic remedies in conjunction with pilocarpine. In the Brooklyn Eye and Ear Hospital this alkaloid has been used for at least twelve years, and Bacon also regards pilocarpine as the most valuable drug in the treatment of internal ear

Silver oxide has cured some undoubted cases of locomotor ataxia; but there is danger of argyria when a dram has been taken.

French surgeons considering all ataxias syphilitic, recommended mercury; give biniodide to the verge of toxic action for months.

syphilis (in addition to specific treatment).

### TREATMENT OF LUPUS ERYTHEMATOSUS.

Prof. Thurston Gilman Lusk, of the Post-Graduate Medical School and Hospital, New York, discusses the practical treatment of the circumscribed form of lupus erythematosus. (*Post-Graduate*, Oct. 1905.) The parts affected are the face, ears, scalp, and sometimes the hands. It begins as small, red spots or patches, which spread into one or more large ones, and it is usually several months after the onset of the disease before this type is observed. After the disappearance of the older patches there is practically always atrophic scarring. The cause of the disease is still unsettled; the author inclines to the belief that it is primarily a vasomotor disturbance leading to an inflammation of the skin—not, however, of tuberculotoxic origin.

The treatment of the disease has been very discouraging. As for internal medication, Thompson's solution of phosphorus, freshly prepared and given in gradually-increasing doses, and iodoform pills of one or two grains given after meals, seem beneficial. The compound syrup of hypophosphites does much good in cases showing anemia, with feeble circulation.

The external treatment is more important. In the highly erythematous patches, soothing astringent lotions, such as: boric acid, 1-2 dram; calamine, 2 drams; zinc oxide, 2 drams; glycerin, 1 1-2 drams; camphor water, to make 3 ounces. Or zinc sulphate, 1 dram; potass.

sulphurata, 1 dram; rose-water, to make 4 ounces. Or plaster-mull of mercury; or non-flexible collodion, alone or with two to five per cent salicylic acid. Or friction with tincture of green soap. This type occasionally involutes spontaneously.

In the chronic type stronger remedies are indicated. The author has never seen a case improved by the x-rays, but has seen many made worse. The external treatment used by him, with almost invariable good results, is: (1) soft plaster-mull of mercury, preceded by friction with tincture of green soap, until all scales are removed; (2) the application twice daily of a 50 per cent solution of resorcin in alcohol until decided inflammation results; (3) the continuous application of Lassar's paste (consisting of 10 grains of salicylic acid, 2 drams each of starch and zinc oxide, and 4 drams of vaselin) until reaction subsides, when the 50 per cent solution of resorcin is resumed until marked irritation again ensues, when it is to be discontinued and the soothing paste again applied, etc., the process being repeated until a cure results.

In discussing the paper, Dr. Stern directed attention to the treatment by high-frequency sparks, used exclusively at the Mt. Sinai Hospital, and which he termed the most satisfactory method of treatment to-day. It is known as Strebel's method.

[In our observation the best results have been obtained by what is known as Hollander's method, which consists in the administration of large doses of quinine internally and the application of tincture of iodine externally.—W. J. R.]

Gold chloride has been found to retard the progress of ataxia; give to verge of salivation for many months.

If iodides check ataxia, give arsenic iodide, iodoform, mercury biniodide, and stillingin, together, full doses for months.

# GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

## HYOSCYAMINE, STRYCHNINE AND CICUTINE.

**CASE First.** Epileptic Vertigo.—Marguerite P., age 12 years, lives on Boulevard Magenta, Paris. Her mother when fifteen years of age, suffered severely from vertigo for which she had consulted Charcot, who pronounced it to be "epileptic and of the ecstatic form." Her attacks were frequent, and occurred from insignificant causes. During the attacks she frequently fell down.

The child's grandfather was neuro-pathic. An aunt of hers was hysteric. Many of her older relatives are dead, some, it seems, from syphilis, others, it was diagnosed, from cerebral apoplexy. Her father had a retinitis some years ago which was treated with iodides and perfectly cured. Her mother, after her marriage, which took place when she was twenty, had four miscarriages, and one child died at three months of age. Marguerite is the last born child. The mother died a year ago of some ill-defined nervous disease.

**Previous history.**—The child's dentition was tardy—at a year and three months. She was never rachitic, but she had a scaly eruption during many years, and a consecutive, tenacious eczema of the head, which lasted until six months ago.

About a year since the character of the child became changed. She was before a gay, sensible and quiet child, so that parents gladly pointed her out to their children as a model. Since about a year she has become very timid. About every week, her father says, she becomes

for a few moments suddenly motionless, without assuming any special posture, while she was tranquil, or while she was speaking, or even in the midst of her play. She was put into a boarding school, and these phenomena, becoming frequent, they were attributed to the child's wilfulness, and she was blamed for them. These moments of mind-absence have become more frequent during the last few weeks and the child, complaining now of headache, accompanied with ringing in the ears, was removed from school and kept at home. In spite of all this the child is very intelligent and keeps herself well.

**Present condition.**—The child presents nothing abnormal; her constitution is good, apart from some little emaciation. She has not menstruated yet. The pupils are regular and sensitive and react both on touch and light. There are neither anesthetic nor hysterogenic zones. The organs, lungs, liver, stomach, and intestines, are all normal. There is, however, some anemia and a hematological examination shows a diminution of red globules and an appreciable augmentation of the white ones.

How are the attacks produced? The child loses consciousness all at once, the pupils contract slowly, the eye-balls turn upwards, the eyebrows contract slowly, accompanied by rapid clonic convulsions of the eyelids. The extremities show a passing shaking, and the face is pale. Anesthesia is complete and general.

The duration of the entire attack is



short, scarce two seconds, but it may repeat itself three or four times in the course of a few minutes. At the moment of attack the child is nearly unconscious. Lastly, it should be mentioned, that there is no feverishness to be noticed here.

A number of physicians were consulted on this case and their treatment can be summed up as follows: Keep the child in repose; no fatigue; no work, either physical or intellectual. Reassure the child about her condition; calm and encourage her. Alimentation as ordinary. Arsenic and bromides were prescribed in massive doses, and douches to the spine without any results.

We ordered dry frictions and a continuation of the douches along the spine, and prescribed an even teaspoonful of the seidlitz every morning to secure free alvine evacuations. Also a granule each of the following alkaloids eight times a day, very regularly every three hours: Hyoscyamine, arsenate of strychnine, cicutine hydrobromide.

This treatment was continued fully eight months, with occasional periods of two weeks during which we diminished the hyoscyamine and cicutine to one-half and even to one-quarter of the dose. About the end of May no amelioration occurred. After that, about the sixteenth week, all at once, there was an improvement, considerable and progressive. The child, which had spells every day, was free from them for three days, and after the last day the attacks diminished in frequency. From the sixth to the eighth month the child did admirably. The father was about sending the child to the country and wrote me at the time

that the child began to menstruate. The child continues to take the strychnine, and eight days every month the hyoscyamine and the cicutine are added to it. It may well be that the menstruation will be a happy derivative for the little patient.

*Case Second. Nocturnal Incontinence of the Urine.*—Lucie T., a girl eleven years old, came with her mother to consult us. The mother is in despair at seeing her child, during the last six months, wetting the bed during sleep. A pharmacist who had been consulted, advised to have the child sleep on a hard bed, to limit the quantity of drinks in the evening, to make her rise early to urinate, and to scold her when necessary. A physician who was consulted, ordered calming remedies, antipyrin, chloral, belladonna, and rhus aromatica. But all of these remedies, though recommended every day to patients of this kind, and reputed to cure radically this affection, had no effect upon this child and did not improve her condition.

The child is a blonde, pale, appears apathetic at first view. She has neither hereditary nor personal antecedents bearing on her case. At present the child has a strong inclination to urinate during the day, and passes an abundance of water. She has a feeling of weight and oppression at the level of stomach after taking a repast. An obstinate constipation, with passage of hard dry stools, necessitates the child's taking medicines frequently. Lastly, the mother says that during the last three or four years "the intestines came out from the anus."

These symptoms apart, the child is strong, solid, active and looks well.

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Phosphorus checks ataxia? Try zinc phosphide to improve nutrition of nerve centers; gr. 1-6 four times a day for two weeks.

Hyoscyamine is said to relieve ataxia; give it to dry mouth, sustained for a week, and note the results.

When the mother is obliged to absent herself, sometimes, and leaves the child in the company of others, she weeps without any cause.

The child's father died from congestion of the lungs. Her mother shows no defects. Examining the child we found a slight prolapsus of the rectum, when she goes to stool, on account of her constipation. The abdomen is hard, tympanitic, ballooned by gas distension. There is no genitourinary malformation, and no sign of a syphilitic taint. She has not menstruated yet, and there are no premonitory signs of approaching menses.

In the condition of the nervous system we notice a decided exaggeration of the patellar reflexes and epileptoid trepidation on sudden flexion of the foot. There is nothing abnormal in the sensibilities.

Lastly, as to the urinary nocturnal incontinence, for which the patient was brought for advice, we instituted the following treatment: Forbid tea, coffee, and white wine, of which the child partook regularly. Take very little drink in the evening. Friction with a hair glove morning and evening. At nine or ten o'clock at evening, when digestion has pretty well terminated and just before going to bed, let the child take three granules, one each of hyoscyamine, strychnine arsenate, and cicutine hydrobromide. In the morning before breakfast a teaspoonful of saline laxative. If after three days there be no amelioration, then let the child take another evening dose an hour after the first. Come back after eight days.

At the end of that time the mother

brought the following record of observations: First night, one dose, incontinence; second night, one dose, incontinence; third night, one dose, incontinence; fourth night, two doses, child did not urinate; fifth night, two doses, child did not urinate; sixth night, one dose, incontinence; seventh night, one dose, child did not urinate; eighth night, one dose, incontinence.

As we know of no maximum dose in alkaloidotherapy we have therefore no fear of intoxication, and so we went on to give the doses *to effect*, continuing and maintaining the augmentation of one dose every evening. We ordered the child to take her supper early, between 6 and 7 p. m. and at 8:30 p. m. she was to take a dose of three alkalometric granules every hour till effect, as seen in the following record: The ninth night three doses, and no incontinence, the same doses and the same good result the tenth, the eleventh, the twelfth, and the thirteenth nights. The fourteenth night three doses, and this time incontinence; the same way the fifteenth night; the sixteenth night the child took four doses, and there was no incontinence. From that to the thirtieth night the child did not wet her bed; on the thirty-second night incontinence occurred for the last time. The child continued taking four doses for fifteen days, and after decreasing the dose on every subsequent week she took no more granules after that month, and there was no more incontinence. The rectal prolapsus disappeared and the constipation ameliorated.

*Reflections.*—These two cases we thought worthy to be reported because

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Picrotoxin has been given with benefit for ataxia; before doubting, see what you know of this powerful remedy.

Potassium bichromate is a reported remedy for ataxia; we know too little of the action of many salts.

of the substantial action we have obtained here with a combination of the alkaloids, hyoscyamine, strychnine, and cicutine hydrobromide.

Strychnine, by its special action on the spinal marrow, by its exciting action on the muscular fibers, by its hyperesthetic action on the terminal nerve fibers in part, has in these cases stimulated the brain and so became a marvelous agent of what we may call *strictum*.

Hyoscyamine acted here on the nervous centers, calmed them, regulated their circulation, and diminished the muscular spasms, and so it acted as a marvelous agent, which we may call *laxum*, without however, suppressing contraction.

Lastly cicutine, moderating the hyperexcitability of the spinal marrow, it became valuable in our cases both by itself, and even more so in its combination with the hydrobromide antispasmodic and calming actions. In this combination cicutine is more tolerated than by itself alone, and can be given in larger doses, and helps to establish a greater stability. It first stimulates and then it calms the nervous system.

These three agents, in their association with each other, combined their vital and beneficent influences for the great good of our two little patients, and effected a cure which we would not dare to expect so promptly with official therapeutics. Let this stand to the glory of dosimetry.—*La Dosimetrie*, Aout. 1905.

—:o:—

These three valuable remedies deserve careful study. Cicutine, for in-

Pilocarpine causes improvement in the symptoms of some ataxics; try it in doses of gr. 1-6 at bedtime, by hypo.

stance, is not used half as much as it deserves.—ED.

### DESTROYING THE BACTERIA IN THE CECUM.

Experiments show that the small intestine is found free from bacteria, which cannot be ascribed to the destructive action of the gastric juice. Neither can it be ascribed to the peristalsis, nor to the various secretions which enter into it. We must, therefore, ascribe this condition to a vital action of the mucosa of the small intestine, inimical to bacterial life, and Rolly, of Leipzig thinks this to be confirmed by his experiments on animals. That peristalsis has a secondary effect in this regard is certain both from pathology and experiment on animals. Rolly thinks these conclusions to be applicable to the human body.

Schmidt of Vienna admits Rolly's contention that the mucosa of the small intestines has a destroying action on bacteria, but in case of inflammation they multiply abundantly.

### DIGALEN.

Dr. Hochheim says in *Centralbl. f. innere Med.*, No. 22, 1905, that digalen (digitoxinum solubile, Coleta.) is given in solution hypodermically in one cubic centimeter doses, also per os and intravenously. Ten grams digalen (gr. 150) correspond to 0.003 (gr. 1-33 about) of digitoxinum solubile. Digalen is a good cardiotonic, increasing the blood pressure, regulative in arrhythmia, and acts diuretically also.

Antipyrin relieves the pains of ataxia; also all other coal-tars; but galvanism acts more promptly as a rule.

# MISCELLANEOUS ARTICLES

## STILL "SOMETHING TO BE THANKFUL FOR".

**W**E opened the editorial department of the November CLINIC with a statement of some of the things we had to be thankful for, and in doing so (repeating for the benefit of new subscribers), we said:

Really, we don't know anybody who has a better right to celebrate Thanksgiving this year than we.

The ideas for which we have been fighting so long are surely winning their way. Intestinal antisepsis, after a quarter of a century's struggle, has become a part of the thought of the medical profession of today; every journal which we pick up contains evidences of this.

The leading men of the profession are becoming interested in the alkaloids and the methods which they alone make possible; and this for the first time in the history of medicine.

The pessimism and nihilism which have emasculated medical practice also begin to falter before the vigorous onslaughts of those who strongly and persistently demand that the doctor shall get up and hustle like the rest of humanity, at the present day.

It will not be long before we shall look upon the man who uses crude drugs with the kindly commiseration shown by the children of immigrants to their parents, when they say to us: "You mustn't expect to do much with them; they're old country people."

Thousands of new readers are constantly being added to the CLINIC lists; thousands of new inquirers are coming in to find for themselves what there is in active-principle therapeutics. Nothing touches us more than the testimony given by the older men who had given up the ancient therapeutics in despair but are finding new hope in the alkaloids.

So we say that to us, in the realization of our hopes, in the evidences of a win-

ning fight all along the line, there is reason, indeed, for Thanksgiving; and we trust that to every one of you, our valued brethren, the same feeling comes at this period—that each of you has found in your practice and in your homes reasons for celebrating a hearty, wholesome, Thanksgiving season.

The 9th of November came the great fire which destroyed our publishing plant! In spite of the great financial loss and the still greater loss in the accumulated results of many years of the hardest kind of work, we are just as thankful as ever—yes, more thankful, for our friends are rallying around us, instilling us with new hopes, greater enthusiasm and the determination to work harder and accomplish more than we have ever been able to do before. And we are going to do it, too!

From the many letters of sympathy and encouragement that have come to us from neighbors, business acquaintances, our helpers at home and in the field, and from our thousands of warm "doctor friends" all over the country, we can print but a few. Read these letters, and then wonder if you can, that we are just as thankful as ever.

The first is from Dr. Lewis, editor of the *International Journal of Surgery*:

NEW YORK, N. Y., Nov. 15, 1905.

DEAR DR. ABBOTT:

I have just learned of your serious misfortune and wish to express my most earnest regrets.

It seems too bad, but the calamity may not be as great as my informant believes.

I know of no greater test of a man's worth and backbone than to be "tried by fire."

But the work Dr. Abbott is doing, the

mission he is fulfilling, and the enthusiasm he is constantly imparting to others, can never be affected by the elements as long as his heart throbs, or his brain continues active.

No greater compliment can be paid to any man than for one to have unlimited



As We Were at Noon, Nov. 9.

confidence in his attitude in the face of misfortune.

This confidence, my dear Dr. Abbott, you have to the fullest extent. Not a single doubt exists anywhere as to what you will do, nor as to the way you will overcome this temporary affliction.

In the meantime, if I can serve you in any way, please command me.

With sincere regrets, I remain,

Very truly yours,  
H. EDWIN LEWIS.

Isn't that enough to make a man proud—proud that good, straightforward men like Lewis will say nice things like that about him?

The next two letters are from Chicago men with whom we have had warm and confidential personal and business relations:

MY DEAR DR. ABBOTT:

I have noticed with inexpressible regret your great loss by fire, and I am sensible of what it comprehends and what it means to you. I sincerely hope that your losses were protected by insurance, as far as insurance can protect, but I well understand that whatever pro-

tection you might have in that line, your loss must yet be very great in the way of interruptions, etc.

It is a streak of misfortune and ill luck which you do not deserve, and your energy and success in the building up of a large enterprise, which is in general and in detail of the last degree of utility to mankind, should entitle you to the sympathy of all good people everywhere, but I know the quality whereof you are made too well to presume for an instant that you have not already well advanced plans of continuing, probably on a larger scale than ever. I am, Doctor,

Very sincerely yours,

R. A. CHILDS.

DEAR DOCTOR ABBOTT:

Accept my sincere sympathy in what must have been a severe loss to you in the burning of your building and plant. Insurance can not make up for loss of business and general derangement from a fire catastrophe. I know "the doctor"



As We Were One Hour Later.

well enough, however, to see him roll up his sleeves and pitch in all the harder.

Sincerely yours,  
FRED B. COZZENS.

The next is a sample letter from one of our workers in the field, one of those who are carrying "the gospel" of ex-

If lead water be applied to an ulcerated cornea the metal may settle there and cause a permanent opacity.—Brunton.

The dilation and contraction of the pupil may be explained by the theory that the fibers may contract in both directions.—Brunton.

act therapy right to the doctor. It is needless to say how much we appreciate the spirit that prompts letters like these, a spirit which permeates and enthuses the whole CLINIC force:

SIoux CITY, IA., Nov. 12, 1905.

DEAR DOCTOR ABBOTT:

It is impossible for me to tell you how sorry I am for your loss, which loss no one can appreciate so well as yourself. No one knows so well what it cost in time and labor to put that fine building into the shape you had it, as yourself, and to think only a few hours were necessary for the total destruction of the labor of years. There is much to be thankful for in the fact that the building to the north was saved. Sympathy for such a loss as yours is of little value, but an earnest effort on the part of all those interested in your success can do much to repair the damage done and make this as though it had never happened.

Speaking for myself, you will have my best endeavor in promoting the general interests for the good of present business and for the building of a permanent business for the future.

I meet many encouraging symptoms

sides keeping things humming in my present work, I am yours to command.

ELMER G. PAXTON.

From "The CLINIC Family" every mail brings expressions of sympathy and



Chimney Alone of the Old Building Standing. One Story for Two Weeks Our Stunt.

encouragement—many of them. To all of you Brethren, we give heartfelt thanks. We wish we had space for a word from every one. But the following must suffice:

AUGUSTA, GA., Dec. 1, 1905.

DEAR DOCTOR ABBOTT:

Your letter of late date, conveying sad intelligence of your loss at hand.

I am extremely gratified to see the manly spirit manifested by the poem on the reverse side of your letter—"Keep a Pullin'." I have been in the same fix though in a much less degree. Still it was my all that went up in smoke, and like you I drew consolation from the poets and with them sang:

"Let those who will repine at fate  
And drop their heads in sorrow.  
I'll laugh when cares upon we wait,  
I know they'll leave tomorrow.

"My purse is light; but what of that?  
My heart is light to match it;  
And should I tear my only coat,  
I'll laugh the while I patch it."



122 Shovelers and Barrow Men and 22 Teams Cleaning up: Accomplished in One Week.

in my daily work, showing the general trend toward active principle therapy.

If there is any thing that I can do for you in the present emergency be-

If the circulation suddenly fails during anapalysing third nerve ends; cocaine dilates by pil—a sign of great gravity.—Brunton.

Atropine dilates iris completely excised, palsying third nerve ends; cocaine dilates by stimulating sympathetic nerve.—Brunton.

So, go ahead, Doctor, "Sing and pull," and soon Phoenix-like, from the ashes will grow up a better, grander building than before and an extended business will flow in.

Wishing you all the good luck that your efforts, intelligence and industry merit, I am,

Fraternally yours,  
D. G. HIMROD.

SOUTH SALEM, N. Y., Dec. 7, 1905.  
DEAR DOCTOR ABBOTT:

I can truly say that I was shocked to hear of your great loss—I had almost written misfortune, but losses are not all misfortunes. You have the best left yet. You are at your strongest and best. Your courage is all there. No, I can't condole, although I am truly sorry for your loss. Had your health and grit left you then, indeed, the loss would have been irreparable—as it is I look to see a fairer building than the one burned, arise from the ruins of the old. In two—yes one year, who'll be able to say misfortune?

Long life to you confreres. May your shadow never grow less.

Yours sincerely,  
J. H. CHURCHILL.

SAN FRANCISCO, Dec. 2, 1905.  
DEAR DR. ABBOTT:

If you build again your home, we are willin'.  
If the new is soon outgrown, we are willin'!  
If from out the fire and smoke,  
You can come with faith and hope,  
And enlarge the CLINIC scope, we are willin'!

If you'll kindly take this check, we are willin'!  
It may help repair the wreck, if you're willin'!  
For it send the CLINIC on,  
For another year to come,  
And we'll read it in the home!

If you're willin'!  
Sincerely yours,

R. L. RIGDON.

Things to be thankful for, Brothers?  
There are oceans of them. Discouraged?  
Not a bit of it! We have just gone in

Shock is the chief cause of death in anesthesia; when just going under or just coming out from it.—Brunton.

training, every mother's son of us, for a longer pull and a stronger pull and a pull all together, and do you know that we are getting results already. Take the CLINIC, for instance. Within thirty days after the fire, which wiped out a December number just ready for the press, we built a new December CLINIC, right from the bottom up, and had it in the mails. Our helpers down to the smallest office boy are rolling up their sleeves and preparing to make things fairly hum. We have already commenced on our new building, which is to be bigger, better and more adequately adapted to the needs of our business, which is growing almost as fast as our ideas. And you can see for yourself, in THE AMERICAN JOURNAL OF CLINICAL MEDICINE, one of the ideas which has grown into concrete form since the fire.

Abbott "downed"? Not by a jug-full!

While we are doing much and planning much—more remains to be done. You can help us and we feel sure that you will. Take the new JOURNAL, for instance. You like it, don't you? Still we know it can be made better. It needs the liveliest kind of live matter for its reading pages. You can write it. It needs 50,000 new subscribers. If every reader would get the subscription of a brother practitioner, that problem would be solved. Will you do it?—Ed.

"WHOLESALE POISONING"—  
WAHRER "TALKS BACK."

I see that Dr. R. G. Eccles was so kind as to notice my paper in the October CLINIC on "Wholesale Poisoning,"

Give chloroform very cautiously, or overwhelmingly at once; but don't mix these two methods or danger results.—Brunton.

etc., and was good enough to introduce his criticism thereof by some laudable expressions, which must have been very satisfying to any one's vanity. Yet, after reading his most masterful defense, skilfully veiled and draped with the choicest selections of sophistry, one is forced to wonder at his motive in defending the class of manufacturers of which he is so valued a champion, especially when he is a doctor, and can have no personal interest in any of these sophisticable goods, nor the preservatives themselves.

Broadly viewing the learned doctor's article, he does not pay much, if any attention, to what I said about substitutes of one article for another, and inferior for a better, something entirely different for what is asked or paid for, the sale of certain goods that trade upon the reputation of another, the something else "just as good," the dishonesty in foods, drinks and drugs—but he disguises the real gist of the matter by simply questioning the effect upon the health. No one questions the fact that cottonseed oil is no less injurious than pure olive oil, chicory or other substitutes than coffee, other leaves for tea leaves, a mixture of cornstarch instead of egg custard, corn meal, bean meal and others for wheat flour, and thousands more, that might be and are substituted for the genuine, and so far as that goes may be harmless to the health; yet it seems to me he omits, most emphatically, a great moral point—that such things may be done without question. Now as to particulars.

First, I observe the doctor says he wishes to present the other side. I desire to say on this question there are

but two sides, the right and wrong. I have arrayed myself on the right side, a statement I submit to all my readers. If Dr. Eccles wishes to champion the wrong side he must have his reasons. He says the standard of purity of foods is arbitrarily fixed. By no means! Maple syrup means not one-eighth maple and seven-eighth glucose, nor any other artificial standard. It means just—as always—syrup made from the sap of the sugar maple tree. I might multiply but this is enough.

I see also that he defends goods to which false labels have been affixed, saying a change in size of label means nothing. Doesn't it? Doesn't it make a difference, as one firm does, to say in very fine print, "This product is equal to"—then in very large letters, "The Best and Purest Olive Oil on the Market?" This label was devised first to deceive the unwary buyer into paying the highest price for pure goods, and secondly to evade any penalty when under investigation. Again, many a label is entirely untrue to the contents of the container, and even though we admit the contents *may not be injurious* to the consumer, yet it is a fraud; do we understand Dr. Eccles to champion this simply because it is innocuous?

Further on the Doctor says: "When the chemists find forty out of fifty samples genuinely adulterated it is safe to assume that they were bought from dealers notorious for selling spurious goods." Just so, Doctor; glad you made the statement. You admit the goods can be found when looked for. That is just what I mean. I wasn't condemning pure goods. In similar manner when the police hunt for a criminal they don't ar-

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Tr. cannabis in doses of m. 20 is a useful sedative; but in doses larger it is apt to cause delirium.—Brunton.

Mercifully, almost everyone passes out of this world in a state of anesthesia from carbonic acid.—Brunton.



rest all the honest and decent people, but go where criminals are likely to be found, among the saloons and dives.

Also, he says that the alkaloids in coffee, tea, the acid in vinegar, etc., are more poisonous than the salicylic acid, benzoic acid, etc., used in preservatives. Then again we find the same acids in our fruits, apples, peaches, lemons, cherries, etc. Well, what do we infer? Why, when you call for pure coffee or pure tea, the more chicory or roasted beans were sold you instead of pure coffee, the better off the consumer would be. Well, let the reader comment on this himself.

He says thirty grains of salicylic acid can be taken by a man without hurt and this is equal in preservative value to fifteen pounds of sugar and asks which is most injurious, to take thirty grains of salicylic acid with your meat as a preservative or fifteen pounds of sugar, all at one dose. Is this just pure sophistry or is it begging the question? About 1-50 grain of corrosive sublimate or 1-100 grain of arsenic is equal in preservative value to thirty grains salicylic acid—why not use these instead?

Then he goes off to the fruits of Utah, California, Nevada, Colorado, etc. Pray why not also to the other states and territories? Dr. Eccles' wanderings from the subject reminds one of the mother bird when she flutters and limps away from her little ones. He says Great Britain is paying us higher prices for our borated, salicylated and other embalmed goods than for salted goods. This statement must be received with a few grains of salt, even if the Doctor don't like salt. However, Germany, the most advanced government in the world, as to the regulation of food supplies to its peo-

ple as well as to the army and navy, pursues the opposite course to that maintained by the doctor.

To still further drag us from our subject he mentions the greater harm done by the infection of foods by typhoid fever germs, scarlet fever and other bacterial diseases and wants us to contemplate the greater evil, so we may forget the lesser (?) evils of food adulteration and poisoning by preservatives. He might have added: "Think on your mercies and you'll forget your afflictions, and thank God they are no worse." He speaks about the germ infection of milk, ice cream, etc. Well, I believe that was known quite a while ago. And then he calls up the shade of Rachel weeping for her children and wrings his hands in woe over the continuous death dirge of germs in books, furniture, water, air and everything and closes with the wail, "Can nothing be done?"

Yes, Brother, we have tried to make a beginning by calling for pure foods, pure drinks and pure drugs. I challenge Doctor Eccles' statement when he says, "No living soul can point to a single individual ever proven injured by poisoned food." Numerous instances can be furnished. What would Dr. Eccles have us do? Revoke all laws? Let the unscientific manufacturer have unlimited license to offer anything and everything in the shape of food, unrestricted as to kind and quantity of preservatives used? Let them give a stone for bread? Aye, a stone is not poisonous but that was not asked for, neither does it satisfy a starving stomach.

It is useless to lengthen out the discussion any further. I trust all who read my article, will also have the privilege

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The condition of the skin may keep people awake, even although there is no pain and no itching.—Brunton.

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Insomnia from skin irritation may be relieved by warm baths, especially with children whose skins are delicate.—Brunton.

of reading Dr. Eccles' reply. As neither of us has revealed his motives for writing, it might be a curious speculation as to what our readers may think.

C. F. WAHRER.

Ft. Madison, Ia.

### WHEN SMITH HAD HIS STOMACH SHRUNK.

"You say I'm better, Doctor? But I have to lay—lie—which should it be?—here for some time longer and have my stomach shrunk? Shrunk, you say? Are you going to wash it (I've heard of that), starch, iron and flute it? How much longer did you say? Can't tell? Must starve me in order to shrink it? Haven't I been starving the past week? Seems so to me. I'm sure it's shrunk to the size of a pea now. Still there seems to be an awful big space that needs filling.

"And I can't have anything but that liquid baby stuff to eat for some time? Well, I only wish you had the hundreds of rats knowing your inwards like I have. You wouldn't sit there and grin like a chessy cat. If you had to take stuff that nearly burned you to death you wouldn't like it.

"You say I overworked and it affected my stomach and stretched it. Didn't know it could be stretched before.

"Great Scott! Wish I didn't have any stomach. Don't talk childish you say? That's just it. It's not *your* stomach, so you don't care. Nobody cares whether I live or die. You say I won't die? Well, I wish I would. That's just it, as long as a fellow is not in danger of dying you doctors don't care how he suffers.

"Nurse, can't you fix that curtain so the light won't shine in? Seems to me anybody could see that sun's shining right in my eyes.

"By Gee! There go those rats again, eating me up inside. No, I believe it's a snake this time.

"I suppose Julia and the baby will be in to see me? Do you mean to say I can't see my own wife and baby in my own house? It's worse than a regular tough hold-up. Can't see Julia? Not even for five minutes? And the boy? I'm taking the rest cure, too? Oh, am I? Funny kind of rest cure. Well, I know it would rest me to play with my boy awhile. Why, the mere sight of his face would mean a great deal to me. Do me lots more good than that stuff I have to take.

"Oh, Jiminy! Those rats again. Not even let a fellow have a pencil and paper to figure out that new scheme. Well, I'll be satisfied with a smoke instead. Can't smoke? You don't really mean it? Why, I've smoked every since I was ten years old. Got licked for it, too. Is there anything on earth I can do? Just lie quiet? I suppose you want me to fold my hands and lie as still as my grandmother would.

"Can't you people step more lightly and stop bumping the bed? There are two virtues I intend to cultivate just as soon as I get up. I'll never walk heavy again nor slam a door.

"If I don't keep quiet you'll both go off? Well, go then. If you don't think enough of me to stand by me when I'm down, just go. *No! NO!* Please don't go. I beg your pardon for my rudeness. But I believe you people are keeping me here just to be smart. You don't know

Too little cover prevents sleep by keeping the skin too cool; too much cover does so by keeping it too warm.—Brunton.

Atheroma with high tension prevents sleep; massage with iodides relax, when bromides will quiet the brain cells.—Brunton.

any more about rest cure than I do. Just rob a fellow, that's what you do. All you care for's the money. What earthly reason is there for people to rush around in a sick room. This isn't Wall Street. Oh, hurry, hurry, with that stuff if I have to take it.

"Must be most time for some of that baby food. Thought I hated it? Well, I do, but when you're starving to death, it's better than nothing. I suppose next thing you'll be ordering me to eat chips from the wood pile with water poured over them. Won't be time to take it for half an hour? Thought I took it every two hours? Only been one and a half hours since I did take it? Are you sure that clock's right? Where's my watch? Here I lie helpless. Can't get up to help myself, and won't even let me have my watch.

"If you don't stop slamming that door I'll—I'll either shoot them or—have it taken off the hinges. There's no sense in slamming a door every time you go in or out. I know I never do. Doctor, can't you see that that fellow across the street stops tooting that horn all night. He ought to know I'm sick and can't sleep.

"By Gee! There go those rats again. I want to swear. I tell you *I want to swear!* I can't stand this pressure much longer. What did you say, Doctor? Swear, if I want to? No, I never swear before ladies.

"But, nurse, please bring me a drink. Can't have a drink? Just think of throwing a big healthy fellow like me down in bed, and starving him to death and won't even give him a drop of water.

"Dogone it, I wonder why it is whenever I get sick, the girl on the corner

begins to practise (I always liked that girl, too). The parrot across the way shrieks by the hour (it never will say a word any other time when we want it to), and all the children, every one, that pass either skip, hop and jump, or scrape their feet. And every boy that goes by must scrape the pickets and it'll have to have a new coat of paint put on, besides the annoyance of it, when my head aches so, too.

"You say you're going, Doctor? Oh, don't go and leave me to die alone. Won't die? How do you know? Don't. *Don't* leave me. Nurse, get out quick. I'm going to swear. Can't stand it another minute.

"I think it's real mean of that doctor and the nurse—to leave me all alone—when I've been so patient, too. I think it's just as mean a thing as could be done. I know I never did such a scurvy trick."

NANCY H. BUSKETT.

Joplin, Mo.

#### IS THE FECES A TRUE SECRETION OF THE BLOOD?

I was certainly surprised when I read the first leading article in the October number of your most valuable CLINIC.

To begin with, "The feces a true secretion of the blood." Now a true secretion is a substance which after being discharged into the system "will serve some ulterior purpose in the economy" (Kirke's Handbook of Physiology), Dr. Candler surely does not mean to imply this. Even if Dr. Candler's claim that the feces is elaborated and discharged from the blood be true it still has but one purpose; to be voided out of the

Anemics may be drowsy while up, but on lying down the atony allows too much blood in brain to permit sleep.—Brunton.

In anemic insomnia digitalis braces atonic vessels and prevents drowsiness by day, insuring sleep at night.—Brunton.

system as soon as possible. But we shall not stop on mere definitions. Dr. Candler in promulgating his new theory apparently does not deem definitions of sufficient importance.

We shall now proceed to examine the premises upon which Dr. Candler bases his new theory.

1. "A cow, a sheep, a horse and a goose feeding exactly alike, will avoid entirely different excreta." In order to base any theory on this fact it would be necessary to analyse these different excreta and see wherein they differ. This Dr. Candler does not do. That they differ in color, shape or consistency is not enough. We all know that the intestinal mucosa secretes fluid, part of which serves to lubricate the membrane and part to be incorporated with the feces rendering it soft, pliable and easy of expulsion. The bile too forms part of the feces. The difference in color and proportion of these substances will account for the difference in the color of the feces. While I am not sufficiently posted on comparative anatomy to offer a detailed account, I am satisfied that the difference in structure of intestines accounts for the shape of the feces.

2. "Where does it all come from?" I have had no chance to compare the amount of feces in the cadaver with the amount generally voided at one defecation but I know that the intestines of a chicken contain fully ten times as much as it generally voids at one time. Assuming this to be true of the human animal and adding thereto the liquid poured from the intestine as a result of the brisk purgative and the question is easily answered without any new theory. Furthermore, should we keep on feeding

that patient on "beef tea and slops", there will come a time when a purgative will bring no more fecal matter; only liquid poured out as a result of irritation of the intestinal mucosa. But the process of katabolism will still go on and the "worn out particles and effete portions of the organism" will be thrown off the system the same as ever, through the skin, kidneys, lungs, and also through the intestines, for no one denies that there is some excrementitious matter discharged with the feces, such as excretin, stercorin, some constituents and derivatives of bile, etc., but that does not make the feces a true secretion of the blood.

3. Dr. Candler wants to know what becomes of the feces in those cadaverous, anemic, flat-bellied people that are possessed of an appetite to make boarding house keepers pale and have a stool once in two weeks only." These people according to the old theory, Dr. Candler contends, would in a year carry over a hundred pounds of fecal matter about with them.

Well, not necessarily so. About seventy-five per cent of the feces is water. This holding the soluble solids in solution is absorbed from the intestinal mucous membrane and passed out through other channels; through the kidneys, rendering the urine of a higher specific gravity, and through the skin, often setting up some eruption through irritation of the skin glands. Another part is gaseous and passes through the ordinary channel as is commonly observed. All that is left in the intestines is the insoluble solid portion of the feces, which accounts for the hard scybalous matter generally passed by those individuals and

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Insomnia from mental fatigue was relieved by nux vomica, giving just enough to restore the tone to normal.—Brunton.

Burgundy wine increases dreaming; sometimes bromides lessen uncomfortable dreams and quiet cerebral hemispheres.—Brunton.

this is hardly twenty-five per cent of the fecal matter.

And dwelling again upon the question, "Where does it come from," Dr. Candler proceeds: "A man feels indisposed and he starves himself. After passing two or more copious stools, the doctor then comes and gives a good dose of podophyllin and follows this perhaps with sulphate of magnesia. There has been no ingestion of food whatever but there will be a large stool, perhaps more than one. Let him eat two or four ounces of food only in the next twenty-four hours, yet another dose of medicine will bring away three times that amount of fecal matter. Quite evident isn't it [Is it?] that fecal matter is not merely 'food dross'. It must be remembered also that there has been the ordinary amount of urine passed, perhaps under medication more than ordinary. The man hasn't lost any weight particularly either."

What? Does Dr. Candler mean to imply that after all this the man does not lose weight at least equivalent to the quantity of feces passed? What about the law of indestructibility of matter? I understand radium seems to be an exception to this law but that the animal world should refuse to abide by it is certainly something new.

L. I. BOGEN.

Lincoln, Neb.

—:o:—

Your criticism upon my article "The Feces: A True Secretion of the Blood" is before me and I welcome it. Nothing new ever was accepted without just such protest and surely we never should get at hidden truths were there not difference of opinion. But, Doctor, won't you please divest yourself of the idea

that because someone has said something and others have repeated it it must be true? At least let us be ready to investigate.

Now as to your definition of the word "secretion," I think Gould's covers the ground fairly: "The natural function of certain organs of the body—mainly the glands and follicles. It consists in the separation and elaboration of fluid or semi-fluid substances differing according to the organs in which they are secreted." Also the "substance secreted. Secretions internal." "The secretion of an organ *which is not excreted* or discharged." Your definition is too limited.

Now, if we grant that the food we eat (*or any* portion of it) is assimilated by the absorbent portion of the digestive tract we *must* allow that it is taken up and carried through the system by the blood and lymph streams. Otherwise there could be no reparative processes. That the blood also carries away used up particles and useless compounds (many of them the result of oxygenation) must also be allowed. That is to say the blood stream takes from the digestive tract, etc., all the nutritious matter (i. e., soluble assimilable matter) and carries it—subject *en route* to various "processings" such as oxygenation, etc.—to every portion of the system. At the same time effete matter, useless compounds and non-acceptable material is conveyed by the blood stream to the various secreting and excreting organs, there to be changed in form and voided. If *any* part of the ingested matter is so treated, then, under normal conditions, every atom suitable must be. That we find cherry-stones, coins, husks, etc., in the feces does not affect the argument.

**Menorrhagia:** Active hemorrhages require vascular sedatives while passive forms call for astringents; don't mix 'em.

**Menorrhagia:** In threatened abortion morphine reduces the hyperemia, if given in full dose; a grain is safer than less.

These are not digestible but foreign bodies.

The saliva is a secretion of the salivary glands; it is derived from the blood, isn't it? The bile is a secretion of the liver; it is derived from the blood; isn't it? The urine is a secretion of the kidneys; derived from the blood, isn't it? So the feces is (in great part) a true secretion of the blood, excreted by the bowel. There *are* secretions which are reabsorbed or utilized in the processes of metabolism; there are others which are excreted (or should be); among these the chief are the urine and feces. Unfortunately we do not thoroughly understand metabolism. Perhaps the following will be as close to the truth as anything, though the subject of nutrition is exhaustless. The body must be supplied with food or life ends. It is equally essential that certain conditions must exist if normal nutrition is to follow. The blood must be normal in composition and amount and circulate with rapidity. There must exist a definite nervous stimulation and control and the cells must be able to appropriate the materials they need from the blood. The ultimate appropriation of food (subjected to many changes) takes place in the cell which possesses not alone the ability to extract material from the blood but also to shape such matter to its own structure and cause it to participate in its properties. A necessary complement to the process of nutrition is *excretion*, which here consists in the discarding of effete matter (the products of its own normal activity) *by the cell*. The blood is the medium through which nutritive material is brought to the cell and excreted matters are car-

ried off. (Consider this point carefully, please).

Now, the *old idea* was this: Food is taken in by the mouth, passed to the stomach and by the action of the gastric juices reduced to a pultaceous mass; then it goes forward to the duodenum and, meeting there bile and pancreatic juice, it becomes separated into two parts; one, the nutritious portion, is taken up by the lacteals and poured into the blood to support the body, the other, *the unburned food or ashes*, becomes excrementitious and passes along through the intestines to be expelled as feces;

Now it is far easier to follow the lead of others than it is to think for one's self. A thinking world may accept an error as easily as a thinking unit, hence this theory has been perpetuated. What I urge is that the feces are *not* merely the innutritious dregs of ingested matter—the ashes of food—but partly insoluble (therefore indigestible) matter, and the rest true *waste from the system secreted from the blood and excreted by the bowels*.

That all the systemic waste is to be found in the feces I did not claim. That would be absurd. The urine contains much of it and the skin disposes of some, but as from the digestive tract the blood is supplied with nutritive matter, so back to the intestine the blood brings a large proportion of the effete matter from each and every cell of the body! Analysis of the feces shows that water is present (but not the water we *drink*, Doctor); this must be produced somewhere, and is it not from the blood, with the chemical elements, hydrogen, etc., and the sulphur, chlorine, potassium, etc., which are found. There remains a portion which

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**Menorrhagia:** The use of morphine as a habit causes amenorrhea and sterility, but small single doses increase bleeding.

**Menorrhagia:** A grain of emetine reduces hyperemia, and stops acute hemorrhage with tenesmus admirably.

cannot exactly be described. Now apart from the unabsorbable refuse which *must* escape digestion (and of a necessity the *quantity* of this must depend upon the state of digestion, the amount and quality of food ingested, etc.) where did this the water, the carbon, nitrogen, sulphur, chlorine, potassium, etc., come from? Are we to assume that the chemical changes necessary to make food fit for the cell take place in the stomach and duodenum and that all these rejected unassimilated elements and salts are passed along as such? Haven't we found out that *nutrition takes place in the cell and that excretion of waste (from the cell) is a necessary feature of repair?*

Does not the blood carry the nutritive material to the cell and does it not bring back the effete and useless matter? Is this not finally secreted in various compounds of the above elements and substances by the blood and become part of the excreta—or fecal matter? Think it over!

Now it would be a waste of time for me to follow the food from its ingestion to the rectum. You know that fluids swallowed are absorbed chiefly from the stomach; sugars also are absorbed rapidly. Therefore, in the small intestine (early), we have fatty and albuminous matter chiefly. *Bile* (some three to five pounds), *pancreatic juice* (ten ounces), *intestinal juice* (ten ounces), will each day meet the food here. These are all secretions. As bile, etc., they are not absorbed, but they do exert a chemical action and cause such ingested matter as has not already been absorbed, to be taken up by the lacteals, whence in due time it proceeds to the

*receptaculum chyli*. Finally this incipient blood is discharged into the subclavian vein; later it passes through the lungs with the venous blood and becomes converted into arterial blood fit for the highest processes of organization.

What about the mass that enters the large intestine? How much of the *food* is there and how much of it is already *secretion*? A good deal of the latter. And we have yet four feet of large bowel to deal with! That absorption of the fluid parts of the fecal mass takes place here we know, but has it ever struck you that the fecal matter which enters the cecum and that found in the rectum is of an entirely different nature? What, in your opinion, is the object of the ascending, transverse and descending colon and, do you, for a moment believe that the body yields nothing to the feces in this whole stretch? *I don't.*

In the large bowel we have a little understood field. That absorption takes place there *we know*; that cell waste is secreted by it and becomes part of the fecal mass, *I believe!* At all events Brunner's glands and Peyer's glands prior to the passage of the ingested food into the cecum—certainly secrete matter which is not known to serve any useful purpose. It is supposed that the odor of the feces is due to their secretions.

The whole process of digestion as understood does not for an instant interfere with the theory that I advance. The fact that the fecal mass consists, to a great extent, of once assimilated, used and *rejected matter*—carried from each cell by the blood stream to the intestine, secreted there and excreted later—alone remains to be proved. That an abnormal intestine may refuse to do its nor-

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Menorrhagia: Acute, with expulsive pains, give nickel bromide, gr. 1-6, and a granule of cannabin every ten minutes.

Menorrhagia: Active plethoric cases, pulse hard or strong, aconitine gr. 1-134 every fifteen minutes till effect.

mal work and throw more upon the skin and kidneys does not disprove my argument. *But that systemic waste is gotten rid of when skin is inactive and renal action almost nil* is proof that I am right.

As to the ejecta of different animals. I am aware that the intestinal arrangement varies. But I said that "*if the feces were the unused portion of food ingested alone*, then a goose, a horse, a sheep and a cow feeding alike would (or should) void similar fecal matter." I did not go into analyses, but I am familiar with that end of the subject and the difference is most striking. The systemic waste is in each animal carried off to a greater or less extent by the feces. You are familiar, of course, with the fact that there is no distinct urinary waste in the goose? In the cow and horse it is copious. In the sheep not so great. As nutritious matter—as a whole—is in the system resolved into the elements (or salts) we find systemic waste to consist largely of these substances with insoluble matter and water. Analyze urine—and feces—and you will find this waste *there*.

Finally—if the waste of the cell is given off into the blood stream, where is that waste deposited, how voided from the body, if not with the feces? Admitting, of course, that a portion is excreted *via* the skin and kidneys.

No one has ever claimed that the feces are secreted as such by the blood but that fecal matter (minus adventitious substances) consists very largely of waste material separated first from the cell and later from the blood stream in the form of intestinal secretion is almost certain.

Now as to retained feces. The argument applies to *solid* fecal matter. If the average man takes thirty ounces of assimilable matter daily, it is calculated that the weight of the solid feces will be five ounces per diem. Now, if this man has in seven days but one stool (of five ounces) there will be thirty ounces left; at the end of the year, under similar circumstances, no less than 97½ pounds. Where does all this "food dross" go? Do we see people carrying round such awful burdens? No! In these cases there is non-equilibrium of functional activity and the whole system is full of effete matter owing to non-secretion. The average amount of fecal matter is not produced. Take the matter this way and there is no longer a query mark left. The normal man eats a normal meal; with the exception of the insoluble part thereof the whole of that meal is taken up and supplies new and useful matter for the tissues, while the oxygen uniting with worn-out particles and useless debris of the system forms amorphous, lifeless compounds which are finally ejected *via* the blood into the intestine, becoming part of the feces. This fecal matter then is not mere food dross, but the bona fide waste from the tissues, the refuse from the body laboratory, the "lees of the life current." The more rapidly the lacteals pour chyle into the blood and the more rapidly the oxygen inspired can pull the body to pieces by uniting with the used-up, half-living and half-dead particles, the more perfect the health, the stronger the individual. Life is, after all, a process of "tear down and build up," and, if the two forces are evenly balanced, disease cannot well exist.

Given the proper physical conditions

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Menorrhagia: Aletrin has been advised for atonic bleeding; gr. 1-6 every ten minutes till effect is about right.

Menorrhagia: Ergotin contracts a subinvolved uterus and closes bleeding vessels; gr. 1-6 every half-hour.



we shall find the well fed, active man voiding a large quantity of fecal matter even though he eat comparatively digestible matter. The metabolic processes are in full swing and every cell is actively engaged in reconstruction. Nerve force or circulation fail or something "goes wrong" and we have a gloomy, pasty-skinned, constipated individual who sees the dark side of things only. He still eats, but his stools are few and far between and are abnormal in composition. Food stuff is there setting up fermentation, breeding bacteria, and perhaps producing conditions which cause irritation of the intestinal mucosa with a consequent outpouring of serum; then we have the familiar "alternating diarrhea and constipation." But the blood is no longer bearing nutritive matter to the cells and carrying away debris, in normal proportions; the system is *clogged* and toxic material is circulated again and again.

Who can tell what compounds are produced in the body laboratory when disorder reigns? When we know that—when we can tell why food which would be nutritious under normal circumstances becomes almost poisonous when given in certain diseases we shall have advanced a long way further on the road to positive medication. At present we are aware—at least a few of us are—that to give purgatives when there is nothing to carry off is folly, that evacuation of feculent matter cannot be secured when the nervous and circulatory systems are at fault and refuse to manufacture any. When there is a collection of matter it is well to carry it off so that absorption may be stopped and further poisoning of the system pre-

vented. This done we must infuse a greater intensity of nerve force through the ganglia, remedy the debilitated condition of the brain, cord, nerves, and stimulate the circulation. The bowels will soon resume their function and daily motions will become the rule.

Purgatives do not and cannot produce feces; if given in mild forms they will carry off feces already secreted, thus preventing the return into the system of its own detritus. If drastic they will remove just what is in the bowel—no more and no less—and at the same time will deprive the blood circulating in the *primæ viæ* of so much of its watery content that the patient will be as debilitated as though he had been bled. This serum loaded with intestinal gases may be mistaken for fecal matter—which it is not. It is an abnormal and artificial discharge.

An interesting "accepted" table from an established text-book gives the daily waste of a man as follows:

From the intestine, oz. 5 of excrement.

From the skin, oz. 25 of perspiration.

From the kidneys, oz. 50 of urine.

From the lungs, oz. 35 carbon dioxide and water.

The fallacy of this is readily proved. The loss of perspiration is in many people practically nil—especially in those who lead sedentary lives. On the other hand the intestine excretes several times five ounces—if fairly normal conditions of circulation, etc., exist. The urine varies so markedly in its composition that it is hard to strike any average even in one individual. Many healthy people who have "dry skins" and pass less urine than above (with low proportion of solids) have one full or two lighter stools

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Menorrhagia: Of the digitalis glucosides digitoxin is the most decided as a closer of vessels—slow.

Menorrhagia: Venous oozing may be controlled by hamamelin, gr. 1 every half-hour; on trial but worth trying.

per diem and maintain metabolic equilibrium.

The total loss per diem according to this table is eight pounds, nearly six pounds of which is water. But as this "water" does not pass off via skin and kidneys and as in these people the stools greatly exceed five ounces, may we not conclude with reason that the waste material which results from the breaking down of the active, living protoplasm into simple chemical substances through the process of oxidation is voided as feces? If not, why not?

Now, Doctor, I have allowed my answer to your letter to take the form of an article which will follow the one you criticise—with your communication as a provocation. I stated in my first article that the subject is a vast one and can only be properly handled in a series of articles or even a book. Nevertheless the moment we grasp the fundamental idea we shall have a keener appreciation of disease and its causes and shall be able to direct our efforts to better effect. I trust that you will not hesitate to come again.

GEO. H. CANDLER.

Chicago, Ill.

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**SEVERE AUTOTOXEMIA; LIFE  
SAVED WITH GLONIN.**

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On page 1036 of the October CLINIC you have recorded a request for "The Doctor's Best Case in Practice." In reply to this I will say, that to differentiate between my best and other cases I find to be quite a difficult task. And further, when I assume the task of writing for the instruction of those of the CLINIC family who are so much abler in medi-

cal lore than the writer, I experience some diffidence.

But to the subject: Whether it be my best case in practice or not; or whether or not I was in every particular equal to the task in the examination and exact diagnosis, I have a case in mind which occurred some little time since, in the treatment of which, as to good results I disappointed myself and surprised others. It was on October 20, 1903. At about 7 p. m. I was hastily summoned to the residence of Mr. B. who lived about three miles distant. As I had been informed by the young man sent for me, that the parents of the patient thought their little two-year-old boy was dying when he started for me, I made as great speed to the residence as was safe for team and vehicle.

On my arrival I at once realized the gravity of the situation. I did not have time to go through with a long, tedious and pompous examination to "make believe" that I possessed a great and extraordinary amount of medical knowledge, as is too much practised these times. But I saw at a glance that that case was a grave one and that something must be done and that right quick. To this opinion, the mother added no small amount when she exclaimed, "You are too late, Doctor, my boy is dead." And, judging from the appearance of the patient the opinion of the mother seemed to be correct. With a cadaverous look of the face, a pulseless wrist, and no perceptible respiration, I believed the resuscitation of the patient to be impossible.

Yet, as the doctor is always expected to *do something*, though many times without hope, as on other and similar occasions I began what I considered an

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Menorrhagia: Hydrastine—better hydrastinine — is powerfully astringent to the uterine vessels especially—give enough.

Menorrhagia: Strychnine for passive atonic bleeding will often close up the vessels and arouse vital reaction.

heroic treatment for so young a patient as he. With an alkaloidal granule of glonoin I loaded my hypodermic syringe and at once injected the contents into the arm. Then I called for one quart of hot water and dissolved in it one dram of sodium chloride; this, as hot as could be borne, I injected into the rectum of patient, as high up as possible, all the bowels and rectum would retain. Then hypodermic injections and enemas were repeated alternately every fifteen to twenty minutes for about one hour, then at longer intervals.

The injection with glonoin was reinforced occasionally by the injection of a very small part of a strychnine granule. I should have used in place of the latter, brucine, had it been in my case. In about one and one-half hours from the beginning of treatment, respiration, a glow on the cheeks and pulse at the wrist, were perceptible. Yet it was not until the end of two hours that the patient opened his eyes and faintly cried. At the expiration of three hours of the treatment the patient had a normal pulse and temperature, cried lustily and had a copious discharge from the bowels.

The last symptom indicated to my mind the whole trouble—over-ingestion of food, too strong for a child's stomach, deficient elimination and perhaps some ptomaine poisoning. I then put the patient on calomel, one dose every one-half hour of two gr. 1-10 granules. This I continued until six doses were taken, instructing the mother to follow the last dose, after an interval of one hour, with two-dram doses of castor and olive oils, mixed half and half. Of this she was to give three doses, two hours apart.

I then left for home, returning late in the afternoon of the second day, when I learned that the patient's bowels were well cleaned out and the child nearly well. To finish the work I put the little one on intestinal antiseptics in solution, alternating this every three hours with a weak tonic solution made of quassin and 1-134-grain granules of strychnine (brucine not being at hand). This treatment was to be continued until my return the next day.

I found the temperature, respiration and pulse normal and the bowels in excellent condition. Stopping the tonic solution, I left the patient an occasional dose of quassin and the sulphocarbolates, and when preparing to leave for home these encouraging words from the mother greeted my ears. "Many thanks to you. Doctor, you have saved the life of my boy."

Without a second thought, what followed with this same boy in nearly three months might seem singular and strange. The same trouble, the treatment by the same doctor and the same results were repeated on the thirteenth, fourteenth and fifteenth of January, 1904. Not singular either when we consider that some parents allow their young children to eat and drink anything eatable and drinkable without restraint.

Any suggestions from the CLINIC family which may add to a better treatment of these cases, will be gratefully received by the writer.

G. W. CANNON.

Portis, Kans.

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While we know it is often difficult for a doctor to determine, at least off-hand, just what case among the many which

Menorrhagia: Passive atonic forms with constipation may be relieved by berberine toning the bowels—not hemostatic.

Menorrhagia: Macroton for headache, flow of dark, coagulated blood; gr. 1-6 to 1-2 every hour till relieved; open bowels.

he has had is most interesting and teaches the most, nevertheless we agree with you that this was certainly a very remarkable one. That you were able to save this child's life after it was apparently dead, and had the "sand" to fight for it for two hours with final success shows that you are one of the elect. No man could do better. The treatment certainly leaves very little to be desired. The thing to do was to use glonoin, "the life-saver," just as you did—and strychnine of course. If there was anything in the stomach it should have been emptied; apomorphine might have proved serviceable. What say the "family?"—Ed.

#### MORE SKIN DISEASES.

*Seborrhea or Dandruff.*—In this malady the sebaceous glands secrete a large quantity of unhealthy consistence. This dries and forms a mass of thin scales or plates. To soften and remove the secretion, rub in olive oil or glycerin at night, and then wash this off in the morning with warm water and dry with a towel. Now rub in thoroughly red oxide of mercury or oil of cade ointment. This should be followed daily, and the treatment persisted in for an indefinite period until some improvement takes place. As soon as the skin is clear, to prevent the recurrence of seborrhea, apply the following night and morning: Tannoform, dr. 3; resorcin, dr. 3; alcohol, dr. 4; water, dr. 4; oil lavender, dr. 1. Mix. Use as above directed.

*Scabies or Itch.*—This is a contagious skin disease, caused by the sarcoptes scabei, or human itch mite. First, wash the whole body with green soap, then take a rock salt bath, then apply naphthol oint-

ment, or the following, three times a day, which is my favorite prescription: Sodii borat, sodii bicarb, of each, dr. 2; chloral hydrate, dr. 2; listerine, oz. 3; water, oz. 4. Mix. Apply frequently.

*Psoriasis.*—This is a very common chronic skin disease, characterized by dry, inflammatory, and more or less thickened patches of varying size. It generally appears first on the extensor surfaces of the elbow and knee joints, then on the body and face. It is not contagious, but transmissible. A daily bath with unctions of zinc ointment until acute symptoms subside. Then apply salicylic acid ointment freely to soften and remove scaly formations. When it has passed into the chronic stage, oil of cade ointment is best. Sulphur ointment may also be used, and for the itching, carbolic ointment is best. But the all around best treatment for chronic cases is as follows: Ungt. chrysarobin, ungt. acid salicylic, of each one ounce. Mix, and apply three times a day. This ointment is sometimes very irritating, and if so, the ointment of pyrogallic acid may be used; although it is slower in action than the above, it will answer just as well. If the scalp is affected equal parts of ungt. hydrarg, nitratis and salicylic ointment is good treatment. Internally thirty grains of potassium acet. in a glass of water, before meals, with from three to six granules of arsenous acid, gr. 1-67 after meals, will be all that can be desired in its treatment. At best it is a stubborn and hard affection to cure to stay cured.

*Pruritus.*—A chronic disease characterized by the formation of pale red, very itchy papules of the size of a pin head or larger. Applications of cold water will generally take down the swelling and itching. Salt may be added with benefit.

*Menorrhagia:* For the anemia in intervals, habitual bleeding, iron arsenate, but never while flow is present.

*Menorrhagia:* For habitual bleeders seek to restore tone of weak vessel wall cells by calcium lactophosphate, gr. v daily.

The best general prescription is as follows; Menthol, gr. 20; lanolin, oz. 2; benzoinated lard, oz. 1; olive oil, dr. 2. Mix. Apply twice a day.

For anal cases I have found the best treatment to be nitrate of mercury ointment, full strength, twice daily. In bad cases, it will be necessary to apply nitrate of silver, 1-4 to 1-2 dram to the ounce, and if this does not do the work, burn the surface with Paquelin cautery, but fortunately this is seldom required.

*Ulcers.*—After cleaning with bichloride of mercury, 1 to 2000, wipe dry and apply carbolic acid, 95 per cent, followed with alcohol. Now cut a piece of lead plaster the size of the ulcer, making a hole in the center for pus. Rest over this part a good-sized pad of sterilized plain gauze, then a layer of cotton, and over this a roller bandage. On the third day remove dressing and apply nitrate of silver solution, ten grains to the ounce, to the ulcer; then apply lead plaster, gauze and cotton with roller bandage. Repeat this every third day until cured. In some cases it is best to curette the ulcer before beginning the above treatment. This treatment has given me excellent service, and as yet I have had no failure to cure if treatment is kept up long enough. Chronic cases, chronic treatment.

W. F. RADUE.

Union Hill, N. J.

#### A SCHOOL OF THERAPEUTICS. PNEUMONIA.

I was reading your article on Pneumonia last night, and in the same journal, a few pages further on, a short article giving the names of a dozen doctors

who were attending a post-graduate course, which means surgery. I wondered why there was not a post-graduate course in therapeutics, since this is the one thing most needed today.

It makes me sick at heart to look at the record of deaths, not only from pneumonia but from many other diseases, and then hear some professor of renown rise up and declare that medicines are useless, simply because he has never learned to use them and has spent his time studying cocci with a microscope. Pathology is an interesting study, but what does it avail if you don't know what to apply to cure the trouble?

I agree with you in your statement of the curative power of drugs in the treatment of pneumonia, but from my experience I would suggest the local use of sterilized wool, preceded by rubbing the chest with turpentine; or rubbing with hot solution magnesium sulphate (tablespoonful to the pint of water), instead of your old quilt and grease. After the wool compress is applied leave it in place until the patient is well, which won't be long, if you clean him out well with calomel and saline and give enough veratrum viride to control circulation. Save your digitalin and strychnine for the case that can't be jugulated or aborted.

For the cough, when it appears, codeine sulphate, gr. 4; ammonium muriate, dr. 1 to 2; syrup prunus Virg., q. s. ad oz. 4, is a good thing. Give in teaspoonful doses to an adult. Remember the diet. Too many forget the patient in their zeal to kill the disease and he starves to death. In that case he might as well be treated with the microscope by one of the renowned professors who know of no remedy.

Menorrhagia: Apocynin for flow too free, long and frequent; young girls often need it during the first year's menses.

Menorrhagia: Never give iron during an active flow; for endless dribbling it sometimes puts a stop to it.

I believe that if a school of practical therapy was started it would be well patronized and you know that it should be. Some of the best men we have, honest ones and bright, balk at the alkaloids because they are not trained to use them. Not long ago I was talking to one of them and asked him if he was using them. He said he had some of them but could not get the hang of them. For example, he said he was called the week previous to see an old lady, age seventy, who had a bilious tongue and thinking of podophyllin he gave her six granules and told her to take them on going to bed. Well, he was called to see her before daylight.

My advice to him was to take a half-dozen himself before using them that way on a seventy-year-old. He remarked that they looked "so darned small." But he will learn.

I have aborted sixty per cent of my cases of pneumonia when called during the first stage and cured thirty-five per cent of the balance, many of whom would have died but for strychnine, ammonia, beef tea, digitalin, whisky, turpentine, wool, etc. According to indications it is wonderful the amount of strychnine some cases need. Have given 1-40 grain every four hours to ten-year-old patients for five days.

My old preceptor who was a past-master in therapeutics, used to tell me that it was a disgrace to lose a case of pneumonia. He tried to impress on my mind the fact that if they were kept alive long enough they would get well themselves. (You can't do it with microscope.)

Well, Doctor, I expect you are tired of this rambling scrawl and will stop by hoping you will try the sterilized wool

and try it next time instead of the old quilt and grease.

W. D. CHRISTY.

Shannon City, Ia.

—:o:—

Doctor, your hints concerning the local use of turpentine and the wool compress in the treatment of pneumonia are good, though we shall not admit that they are so *very* much better than our own method. However, aside from the rubefacient action of the turpentine, it is probable that in some cases the constant inhalation of this substance might have a salutary effect upon the process in the lung. At any rate we suggest that CLINIC readers try the turpentine and wool.

You certainly have the right ideas concerning the treatment of pneumonia, though we carry them out in a different way. To clean out is the first thing, and the calomel and salines do that. We prefer to follow up these with the sulphocarbolates to prevent subsequent fermentation and putrefaction in the intestinal canal; this removes the danger of thoracic pressure due to gas formation and eliminates the dangerous element of systemic infection from the intestinal canal, which plays so important a part in all acute febrile diseases. As a vascular sedative the veratrum is good (veratrine better), though as we have so often said we prefer the combinations of aconitine with digitalin, strychnine and veratrine, suited to the special indications—sthenic and asthenic cases.

Your suggestion that there ought to be a post-graduate school of therapeutics touches something very near to our hearts. Such a school, to be operated by the CLINIC staff, has been one of our

**Menorrhagia;** In obstinate forms — red-headed blondes — don't wait too long to plug the uterine mouth with antiseptic material.

**Menorrhagia:** Lower the head and raise the pelvis and feet; keep absolutely quiet; feed on cold meats; enema bowels.

dreams for the future. Sooner or later we *shall* have it, right here. Meanwhile we are going to make the CLINIC itself just as good a "school" for the doctor as we know how—and we call upon every member of the family to help us. Send in reports of your cases, successful and unsuccessful; let's all plan to help. Sit right down *now*, Brother, and tell us how you are succeeding with the alkaloïds.—ED.

#### **TYPHOID FEVER COMPLICATED WITH PNEUMONIA.**

Sunday, October 29, I was called to see a patient, a man forty-five years old, who had had a chill at 2 p. m. After getting a history of the case and as the symptoms were so typical I at once diagnosed typhoid fever. Temperature 103 degrees F.; pulse one hundred.

I at once put him on a calomel purge and ordered 10 grains of sulphocarbolates every three hours, twelve tablets or sixty grains a day, and saline laxative two or three times a day so as to have three movements a day. For fever I gave the dosimetric trinity and aconitine enough to keep the temperature at 101 degrees F. The case progressed very nicely until the fourteenth day with a temperature of 101 degrees F. in the morning and a rise of 102 degrees F. in the evening. Then on the fourteenth day, in the evening, there was a sudden rise to 105 degrees F. pulse 130, a slight cough and pain in the chest. After an examination, I found a pneumonia of both lungs.

I ordered an antiphlogistine poultice to the chest, a cold wet pack to the abdomen and good stiff doses of the dosimetric trinity and aconitine. I also gave

an injection of 1-20 grain of strychnine twice a day, under the skin. The fever kept between 102 and 102 1-2 degrees F. in the morning to 104 and 104 1-2 degrees F. in the evening, in spite of large doses of aconitine, dosimetric trinity and cold pack to the abdomen.

On the twenty-first day of the disease the fever broke and fell to 98 degrees F. in the morning, with a very slight rise that evening and then it did not rise again but kept at 98 degrees F. with a pulse of eighty. I now stopped all medicine for fever and gave him strychnine arsenate 1-30 grain, four times a day. He is now doing nicely.

During all his sickness he had very little delirium and stupor and no more than three movements of the bowels daily. This has been my experience with the intestinal antiseptics for the last five years and goes to show that there is something in it in spite of a few college professors' denials of the value of the sulphocarbolates. I claim that the recovery of my patient was due to them and no doubt he would have died if he had been treated as of old. Although this case was not aborted it was very much shortened in duration and considering the pneumonia setting in, I flatter myself very much as to the success I had in this case.

W. F. RADUE.

Union Hill, N. J.

#### **THE THING THAT DOES IT.**

I wonder if there is any physician who reads the various medical journals ( I mean those who pay any attention to therapeutics—which, if the dictionary is correct, is the only science that can be called "medicine"), without having his

Menorrhagia; We may stop an abortion and have placenta previa as a reward for trying to do our duty; do it anyhow.

Menorrhagia: Always assume pregnancy until absolutely sure it is not present and never take the woman's word for it.

head swim at times. Not only are these journals filled with flat contradictions as to the efficacy of certain remedies, some holding to the opinion that a particular drug is of inestimable value in certain diseases, while others as strenuously contend that said drug is worthless, and has no therapeutic value whatever—but these opinions are supposed to be founded on experience. Doubtless they are, but the experience needs qualifying, and certain factors may enter into one's experience that he is blind to, or ignores at any rate. For all the forces in this wonderful universe are not material forces, and we may at some future time come to the consciousness that the most potent influences that play upon our life, material or psychic, are those of the unseen.

The great line of disagreement at present seems to be, whether in the use of a remedy the *whole* principle as combined by the process of nature, or the active principle shall be employed, and in the solution of the question one must after all be guided by his own experience, with what assistance he can get from the "gray matter of his own brain," as to whether his experience has any basis on which to stand.

And is there not a fallacy into which we may wade in this—that we assume that what is true of some things is true of all? If a man could be suddenly introduced into this world, with all of his faculties developed, and should pick up a piece of ice, he might conclude that everything in this world is cold, and hold that opinion firmly until he attempted to pick up a red-hot horseshoe.

It is argued by the opponents of the alkaloidal theory that Nature is perfect in her manipulations. To an extent this

is true. In the process of growth nature surrounds everything with conditions and substances that it does not need forever, but they are needed in some part of the process. The new-born babe has no further need for the umbilical cord after it begins to breathe, but when in the uterus that same cord is a vital necessity. The hickory-nut needs the close-pitted outer shell at some period of its development, but it casts it aside later on. The grain of wheat needs its protecting crust during its tender stage, but that husk must be removed before we make it into bread.

I find a fever raging in the system and I want to reduce it. Do I give my patients some aconite leaves to chew? Of course not. Your critic may say that I don't know how much drug principle I am giving. No, nor do I know how much atropine I am giving in 15 to 30 drops of belladonna tincture, which a medical book, *for household use*, gives as a dose of this tincture. And suppose I followed his directions and administered 8 drops of tinct. aconite. Can I know whether the deficiency of aconitine will render the drug ineffective, or an over amount of this alkaloid will despatch my patient into the hereafter so suddenly that the angels can not find him? And this active principle is also locked up more or less securely in atonic cells, and must break out before it can work. None of this sort of thing for me, please. I prefer to have the aconitine extracted for me, and added to it the active principle of those dangerously uncertain herbs, digitalis and veratrine, I have in the form of a minute granule (defervescent compound) an unfailing weapon which begins to work *at once*.

**Menorrhagia:** Dead and decomposing matter can not be removed from the uterus too soon; or with too much care.

**Menorrhagia:** Hydrastinine, gr. 1-12 every four hours, is effective but takes time to get to work; action well sustained.



It has not to separate itself from a mesh of "hereditary conditions" in the stomach of the patient before it can assert itself.

Just here let me stop to notice one objection that may be urged against a portion of my claim—that of the uncertainty of the amount of alkaloid in galenic tinctures. There are chemists who, in their fluid extracts of the more powerful drugs, are careful to have an accurate quantity of the alkaloid, adding the alkaloid, or alkaloids if there is more than one active principle. But this involves the principle of disturbing the balance of nature, for how can an alkaloid be added to a weak tincture, unless that alkaloid has been obtained by breaking up the atoms of some other plant to obtain it? And if the therapeutic value of a drug resides in its alkaloid, why drown that alkaloid in a mass of alcohol? Why not use it pure and simple? And I make this animadversion reluctantly for the excellence of the preparations of these houses is beyond question. Let me tell a story.

Sometime since, while visiting a patient in a suburban city, I wished to administer cypripedium. I always carry a bottle of Merrell's normal tincture of this herb in my satchel as well as other tinctures of theirs, and Lloyd Bros.' But this time my bottle was empty. I wrote a prescription for some and was about to send out for it, when the uncertainty of getting the sort I wanted led me to go to the druggist myself. I asked for Merrell's; he hadn't it. I asked for Lloyd's; he hadn't it. He showed me some that he had, which he had kept for some time. It looked like a mixture of tan dust and sea water. Of course I

did not want it, and I know *he* would not have filled my prescription with it. Then we got into conversation and he remarked, "If I were a practising physician I would never order any fluid extracts but Merrell's." "But," said I, "you have none, and you are the very man I should expect to find them with." "Well," said he, "I can't afford to fill prescriptions with such a quality of tinctures," and he couldn't.

And, now having acknowledged the weak spot in my argument, let me ask the doctor who gives prescriptions if he ever *knows* what he is giving his patient. If he could get such tinctures and fluid extracts as those two Cincinnati houses make, he might, but how many druggists in the country fill your prescriptions with such as these?

I am not writing this paper in the interest of either Merrell or Lloyd, nor even in the interest of The Abbott Alkaloidal Company. That would savor of "commercialism," and that is not in my make up. I hardly know a dime from a hole in the ground! But I have started out to try to tell you, in my way, why I am an alkaloidalist.

I have instanced aconite and belladonna. Now there is another valuable remedy known as jaborandi, but it as uncertain as political honesty in its manifestations. John Uri Lloyd wrote in regard to this drug—in a pamphlet issued by them early in the year—a most interesting article, and he said that the uncertainty of this drug has almost determined them to drop it from their list. But what is the trouble? Simply it contains *two* powerful active principles, as antagonistic in their character as a woman born with the sun in the sign Gemini, and one

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Menorrhagia: Probably the speediest remedy is atropine, gr. 1-134, with equal doses of glonoin to hurry it in.

Menorrhagia: If atropine drives the remaining blood out into the skin, it can not be escaping from open uterine vessels, too.

can never tell which will predominate. I often think its erratic action depends largely on the *temporary* idiosyncrasy of the patient; perhaps, begging Dr. Waugh's pardon for the occult nature of the suggestion, its action is affected by existing planetary conditions and influence. It may make a patient "sweat like a beaver" or dry him up like a tablet triturate of atropine. It may drown a nursing woman in her own milk or shrivel her breasts like a farrow calf. But break up the atoms and separate the alkaloid pilocarpine and it is a valuable remedy if used carefully—and all remedies need to be used with care.

Well, there is another thing in favor of the alkaloidal granule—its stability. I have some granules in my satchel that I got six years ago, and they are as active and reliable as they were the day I got them. What does the ordinary fluid extract look like, after standing even two years?

A writer in a medical journal last year remarks as follows: "This alkaloidal fad was born about half a century ago. It died in its infancy. It was reincarnated only a few years ago and has been in the incubator ever since." Well, that may be the writer's opinion looking out of one corner of one eye. But if he is correct, the "incubator" must be of huge dimensions. Even here in Boston it has attained quite a size—if anyone doubts it let them stand in the back part of Metcalf's fine store on Tremont Street and see the little vials of alkaloidal granules pass over the counter. And in addition to this, look at the sales of concentrations in powder form, by Parke, Davis & Co. and the representative of Wm. S. Merrell & Co. and Lloyd Bros., and

more of these would be sold if they could be got in smaller quantities.

Now I hope this will not be taken for the vaporizing of a wild alkaloidist, for I do not use these things exclusively. I carry some tinctures to make up into impromptu syrups as needed, using honey as a basis.

I do not look upon alkalometry as a disruption of Nature. Nothing is really simple. To my mind the various constituents of a plant are like a community of individuals, of different dispositions, aims, thoughts and desires. In one way only is the town a unit, in its general care for its roads, its poor, its education. The whole town meeting doesn't go to the legislature, nor hold the office of town-treasurer, nor act as pound keeper. This necessitates the selection of some one individual who is peculiarly fitted for the purpose. There are occasions where the whole community act together, in town meeting—a sort of municipal galenic, but there are other duties that can be best performed by one individual, and it is no violent breaking up of Nature's atoms when *one* goes to the legislature, while the rest stay at home, and farm. That is my homely idea of alkalometry—*select The thing that does it* and send it to do the work.

I want to add a word in regard to diet in typhoid dysentery, for I have had a touch of it myself. It came on a Thursday. I was not disposed to pay much attention to the incipient diarrhea for being rather a healthy specimen of humanity I don't often take drugs. But Thursday night "I had to get up" and I had a curiosity to know just what my internal laboratory was producing. It only needed one look to convince me that I

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**Menorrhagia:** Plugging the uterus destroys all chance of saving the life of the fetus, but should not be delayed too long.

**Menorrhagia:** Any benefit obtainable from bromides is better secured by a sufficiency of caulophyllin to quiet muscle fibers.

had no time to waste, for a more unmistakable mass of slime and blood never presented itself. I wrote an outline of treatment for this disorder for the *Medical Era* last June, which you—mistakenly, perhaps—considered worth copying. So I swallowed a pink calomel tablet, gr. 1-10 every fifteen minutes, until I had taken one grain and between each took a grain of calcium sulphocarbolate. One hour after the last tablet I took two heaping teaspoonfuls of saline laxative, you know the stuff, and that was all the remedy I used, except a couple of defervescent granules which downed the fever in no time.

Well, here it was Friday, and two problems confronting me, baked beans Saturday for supper and the position of organist for a church that has an elaborate recital, from which I have not been absent for thirty years. But the deprivation of my beans was the greater cause of grief!

But the calomel, sulphocarbolates and saline had got in their work, and the feces were healthy. My wife suggested something to eat, but I would none of it. However, I bethought me of some Horlick's malted milk, and I fixed up some, and I lived on that all day Friday and Saturday—a free larder, for I used up the samples they so generously send me every little while. Saturday evening I got some clams, and made a bouillon, which with a few soda biscuits, partly compensated for the loss of my beans.

Sunday morning, although somewhat weak, I attended to my duties at church, and walked home, a distance of nearly three miles, only before setting out for church I drank a pint bowl of malted

milk, and I have never fallen into the vulgar habit of taking it *too thin*.

When I got home, having nothing to prevent indulging in a relapse if I wanted to, I attacked my beans, minus the brown bread however, and made up for lost time. No ill results followed, however, and I resumed the ordinary tenor of my way.

I suppose it may seem superfluous, so well known a thing is Horlick's malted milk, but for a food in cases where almost absolute abstinence from any nourishment seems indicated, this preparation is invaluable. Malted milk and clam bouillon are my diet in such cases. And with alkaloids they are *the things that do it*.

J. R. PHELPS.

Dorchester, Mass.

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We shall not try to add a single word to Dr. Phelps' masterly presentation of the case "For The Thing That Does It." We leave the whole question in the hands of *the Jury!*—ED.

#### ARE INTESTINAL ANTISEPTICS SYSTEMIC "DEPOISONERS?"

The world moves! The great truth for which we have so long contended, that autotoxemia, especially intestinal autotoxemia, plays the leading role in the production of disease and disease symptoms is being acknowledged by an increasing number of medical men every year, and these men are, as a consequence, becoming enthusiastic users of the intestinal antiseptics, especially of the sulphocarbolates. There is a peculiar fitness that the latest contribution on this

Menorrhagia: A loaded rectum always irritates the womb; empty by salines and small warm enemas, never by irritants.

Menorrhagia: Small opiates paralyze vesicel contractors; large ones alone paralyze uterine muscle fibers.

subject should appear in the preface to the second edition of Bouchard's great work on "Autointoxication," which has just appeared. This preface is written by Dr. Thomas Oliver, who is Professor of Physiology at the University of Durham. Those who have lingering doubts as to whether or not the intestinal antiseptics play a beneficent role in typhoid fever should read the following:

It is only lately we have come to recognize that, once the dangers incidental to typhoid fever have been successfully surmounted, there are risks yet to be overcome—in a word, autointoxication from poisons generated within the intestinal canal. There are few medical men who have not had some experience of the success which has followed the administration of intestinal antiseptics in enteric fever. In my own practice I have used betanaphthol with excellent results.

I can recall one case in particular, where a young gentleman, in the fifth week of enteric fever, was so prostrated and blanched by intestinal discharges that he could not be turned in bed without fainting; he had an almost imperceptible pulse, a temperature of 105 to 106 degrees F., was almost in *extremis*, and whose life I consider was saved by betanaphthol and other intestinal antiseptics. We know that naphthalin is sparingly soluble, and that it passes to a large extent unchanged through the alimentary canal. No one denies to it the power of destroying the disagreeable odor of the motions. Salol, or the salicylate of phenol, has also given excellent results. Having passed through the stomach undecomposed, it comes into contact with the pancreatic juice in the duodenum, and is thereby split up into salicylic and carbolic acids. The latter is set free where it is required, but, as Brunton says, it has the disadvantage of being poisonous, and so betol or salicylate of betanaphthol is to be recom-

mended instead. [Accomplished more easily, better and more pleasantly with the c. p. sulphocarbolates.—Ed.]

All the substances belonging to the phenol class may be regarded as antiseptics in the largest sense of the word. Outside the system they readily arrest the development of germs, but within it their action is not so definite. They are antiseptics so long as they are not absorbed. Once this occurs, the antiseptic power of the phenols is suspended. They then form non-antiseptic compounds, Hoelscher in his experiments having shown that the blood does not become sterile even after large doses of guaiacol.

A fairly large experience of the treatment of certain diseases in which the blood is poisoned—e. g., ulcerative endocarditis, etc.—has led me to place considerable reliance upon phenols. When absorbed they no longer exercise a direct action upon the germs, but they exert another influence, viz: a depoisoning one. Seifert and Hoelscher [Chicago men.—Ed.] maintain that when the phenols are absorbed they induce a *depoisoning* of the body by combining with and eliminating the toxic albumins produced by the action of morbid germs. Phenols are not found free in the blood. They are eliminated in the urine as ethereal sulphates, in the form of salts that have resulted from the oxidation of some compound of the phenols with albumin, and, to a large extent, with toxic albumins, the result of the vital activity of germs. It is believed that the compounds of toxic albumins and phenols are non-toxic. They quickly undergo oxidation; hence the appearance of phenols in the urine as ethereal sulphates. Chemical disintegrations and recombinations undoubtedly occur, and to these must be attributed, by the process of depoisoning just described, the good results that follow the administration of antiseptics in certain forms of blood-poisoning. Under circumstances similar

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**Menorrhagia:** Small opiates increase the bleeding while full toxic, not lethal doses, stop it surely.

The N. Y. Health Department has been sued for the death of a girl from emotion after a prophylactic dose of antitoxin.

to the above rigid intestinal antiseptics cannot but be of the greatest utility.

Time was (and still is in some benighted minds) when those who opposed the use of the intestinal antiseptics said that these remedies must be useless because they simply *could not* sterilize the immense area of mucous membrane in the intestinal tract; furthermore, typhoid fever is a general infection, the bacteria being found in the spleen, kidney, liver, and even in the blood—of course the sulphocarbolates could never reach them there! It was useless for us to explain that we never expected that we could give our remedies in sufficient dosage to render the whole alimentary canal surgically clean, but that we gave them with the expectation (born of results) that they would *check* the putrefactive processes which play so large a part in the systemic poisoning, through fecal absorption. That they cured these cases we knew from experience and through the reports of thousands of members of the CLINIC family who obtained like results with ourselves.

Oliver adds another link in the chain of evidence. While he does not claim that the intestinal antiseptics are systemic *antiseptics* he submits excellent evidence that they are systemic *depoisoners*; that while they do not destroy the germs in the blood and viscera they do enter into combination with the toxic by-products of these germs and make non-poisonous combinations of the phenols and the toxins. In other words, the intestinal antiseptic really has a systemic effect, a most important one, which plays a great part in the cure of typhoid fever and possibly of many other diseases originating in the intestinal tract or modi-

fied in its course by intestinal by-products.

We have but one thing to add. Oliver evidently knows little about the sulphocarbolates. He has possibly been misled by the negative or erroneous reports published in the works on materia medica and pharmacology. When any man has experienced the greater certainty of results, with the diminished danger—rather absence of danger with this, the best of all intestinal antiseptics, he becomes, every time, an ardent advocate of the c. p. sulphocarbolates as the safest and most effective remedy of its class.

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#### A NEW INTESTINAL PARASITE.

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One day last summer a physician in an adjoining county wrote me that a patient of his had voided some beetles, and asked me if I cared to see them. Assuring him that I did, he sent me several specimens of an adult beetle that Dr. F. M. Webster of Washington identifies for me as *Nictictula bipustulata*.

The history of the case is as follows. The patient, a man in middle life, came to the doctor one day stating that he had found bugs in his excreta that had been voided on the ground. The doctor told him he must be mistaken, that they probably were already on the ground. To make sure he told him next time to use a clean chamber. He did this the next day and brought the doctor a number of the beetles, stating that the excreta contained more than a tablespoonful of them.

This is all of the case I could get until one day last week I was in the town where the doctor resided and called on

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The American quick lunch has failed in London. Good thing—glad to know there is a place men can take time to eat and live.

A London man dresses wounds with a glass plate, but spoils it by smearing with an antiseptic ointment first.

him. From him I learned the further details of the case.

The patient is a strong, robust man who is never sick in the ordinary sense of the term. Six years ago his son told him that he had found bugs in what he passed. He told him that they probably came from the ground, but this led him to observe his own excreta. The son has since died of typhoid fever.

How frequently he had voided the beetles I could not learn, but from the doctor's statement I judged that he had been finding them more or less since his son called his attention to them; but he did not go to the doctor till last summer and this seemed to be because he thought the insects had something to do with the son's typhoid fever.

When asked as to the effect of the insects on the man's system, the man said that they did not produce any emaciation nor other disturbance except that the man was habitually constipated. After taking a cathartic he would at times have considerable pain from the region of the ileocecal valve up and across the transverse colon, and then would find the beetles in the excreta.

As to how they came to be in the system, my first thought was that the eggs must have been laid on smoked ham which had afterwards been eaten raw. The doctor said he had asked the man about this and he denied ever eating raw ham. This being the case, the only way I can see that he could get them into his system was by the eggs being laid on meat that had been cooked and set away in the pantry and afterward eaten cold, as is the custom among farmers. As this is essentially a pantry beetle this is not only possible but probable. The larvæ

probably passed the several weeks of their adolescent life in the small intestines and when they reached maturity passed the colon and were voided.

G. H. FRENCH.

Carbondale, Ill.

—:o:—

I do not at all understand this case, not being much of an entomologist. I did not know that beetles could live in the imago form without air, that is, assuming that they were passed alive (as Dr. French assures us in a later letter).

There are two remedies that I would suggest in this case. One of these is chelonin, which has proved remarkably effective against all forms of intestinal parasites for which it has yet been tried. The other is the tape worm remedy devised by Dr. Abbott, simply a mixture of male fern carefully selected from among the samples (mostly worthless) supplied as such in the market. This latter is so effective that I strongly doubt the possibility of any living organism retaining its place alive in the alimentary canal after a dose properly administered. I should like very much to hear the result of this or any other method of treatment employed in the case.—Ed.

#### EPILEPSY: AN INTERESTING CASE AND A NEW TREATMENT.

Mrs. M., age 35, mother of three or four children, consulted me in April 1904, for attacks of epilepsy. She had been under the care of a homeopathic physician from the beginning of the trouble. In haymaking, 1902, she was leading a horse to unload hay with a hay fork. In some way the horse upset her and frightened her very much. She

Five hundred St. Louis doctors contribute 15,000 names to a dead-beat list being compiled for a Medical Credit Guide. Good thing.

Extreme renal dropsy resisted vigorous diuretics, caffeine citrate, 7.5 grams a day, helped at once and cured (?) in a month.

was not hurt but after that was very nervous. In November 1902, she had her first attack of epilepsy. No more attacks until January, 1903. After that they recurred about once a month or oftener. At this time she began with petit mal and has continued ever since, varying from one to eight seizures a day. At this time grand mal attacks were always at night.

In April, 1904, when she came under my care she was weak, anemic, nervous, emaciated—had lost about twenty-five pounds she thought. Her menses had stopped in May, 1903, and there have been no signs since. There is atrophied condition of uterus, cervix and perineum which was slightly lacerated but has healed; no pain or distress in this region. She is depressed mentally, melancholy and her memory is weak. The urine is very pale, sp. gr. 1001 to 1010, the highest I have found it at any time; slightly acid, sometimes alkaline, centrifuge gives scarcely any sediment and microscope shows nothing; albumen none; the quantity is generally above normal for her size. She weighs about 100 pounds.

Being sometimes constipated, I cleaned her out with saline and gave the sulphocarbolates after meals. Put her upon verbenin, an antiepilepsy granule and sodium bromide to take the place of sodium chloride, which was stopped entirely. All animal food was stopped.

She had no attacks of grand mal from May, 1904, to February, 1905, when her boy died from scarlatinal nephritis after a lingering illness. The shock of his death (after weakening from nursing)

brought on an attack of epilepsy and on the day of the funeral another. The petit mal attacks, which had been reduced to one, two or three a day now became more frequent—four to six times a day. In June, 1905, she had two attacks in one day, none since.

When she goes away from home she is always better, especially if she is in good company. Her spirits are more cheerful, attacks less, appetite better. She is always better out of doors. She always sleeps well, eats very little in the morning.

The singular fact in the case is, the epilepsy coming at her age. Was it traumatic? If so why did they not come immediately after the horse threw her down? The cessation of menstruation at thirty-five, was it the cause of the epilepsy or the epilepsy the cause of the cessation of menses. Or was it a coincidence? I cannot think that the slight cervical and perineal laceration could cause the trouble without causing local pain and distress. Is the low sp. gr. of urine evidence of defective elimination? I am inclined to think so and think that if I could look around the circle of nutrition and elimination I would find the cause right there. I have put a great deal of thought into this case.

J. F. V.

—, Pennsylvania.

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These cases are practically inexplicable. The nervous shock unquestionably set up conditions which caused the production of a toxin the effect of which is to cause the symptoms we term "epilepsy." The writer has for some time past been preparing a pamphlet on "Epi-

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Caffeine by vasodilation relaxes arterial tension; strengthens and regulates heart action; slows and strengthens pulse.—Mirano.

Game and poultry cold-stored with viscera not removed, cause most cases of toxoinfection.—N. Y. & N. E. Asso. R'y Surgeons.

lepsy" which will soon appear and has of course carefully watched his cases. His theory is this: Lecithin is necessary to the neurons and is found in large quantity in the medullated sheaths from which it is taken up by the nerve fibers. Under certain degenerative conditions lecithin is decomposed, and as *cholin* (a convulsant toxin) is a component part of this complex body and is known to be split off under just these conditions it is apt to become a part of the nerve substance and cause the symptoms of epilepsy.

This is a crude presentation of a great fact. You will see how this theory answers your question. The fright and "shock" set up the abnormal condition which caused the production not of *lecithin* but of a substance easily decomposed and yielding *cholin*—this took *time*. When enough existed to derange the centers you had the first seizure and, as a vicious circle has now been established you continue to get them in increasing number and of greater intensity. Finally, under medication, the metabolic error is corrected and elimination being greater than production no more attacks occur. Again "shock," again disturbances of the body-chemistry and, once more, epilepsy!

Now, doctor, we have just had a triumph. A girl "dropped" on a boat on which we were and we brought her through. She sought us and insisted that we take her case. She was having one or two fits every week. Had done so for a year. In two weeks she had *one*; her menses came on, she had another (mild) but for twelve weeks now not even a tremor! Other cases have behaved similarly but have not yielded quite so rapidly.

Here is our method. You know that prior to a fit urea is absent but after a seizure is present in enormous quantity. You also know that urine is dependent (as to *quantity*) upon the amount of blood flowing through the renal vessels. Any nerve disturbance could, by reflex action, cause contraction of the vessels and reduce the flow of urine. More toxic matter retained. Now we give our patients first a course of eliminants and glandular alteratives—Blue mass, euonymin and leptandrin variously combined at night with a saline next morning on waking. They get boldine (which increases urea,) and other alteratives as xanthoxylin, chimaphilin every three hours and verbenin and scutellarin two and four every four hours. After a week they got solanine hydrochloride (gr. 3-67) in place of the verbenin and after ten days they return to the first medication.

Normal digestion is secured by the use of proper remedies. Every third night a high enema is given. Morning noon and night on an empty stomach, one tablet of lecithin *eaten slowly* or rather *sucked*. Baths, proper diet, etc., of course. Rectum looked up; sphincter dilated if needed; prepuce or clitoris examined for adhesions. Ocular defects remedied; worms gotten rid of, adenoids also; nasal spurs, deflections, etc., removed. In short *any* source of nerve irritation should be eliminated. Assimilation and elimination rendered normal it is possible to *cure*; with deranged metabolic processes turning out toxins instead of nutrient repair material—*never!*

Solanine lessens nervous irritability but does not depress vitality or ruin digestion as the bromides in big doses do.

The coryza of today may tonight extend to bronchioles; to forestall and prevent extension is the pith of treatment.—Winters.

Distention of the branches of the bronchial arteries is the first deviation from normal; restrain this at inception.—Winters.



Take this for what it is worth and remember that *each* case, after all requires distinct individual treatment.—Ed.

### THE CLINIC HELPS SUPPORT HIS FAMILY.

The CLINIC has been the means of support to my family, for under the old galenical teaching I could not have conscientiously remained in the practice of medicine. But now, with the arms of precision, I am enabled to promise my patients something for their money.

J. W. H.

—, Texas.

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It is one of our chief sources of satisfaction that the conscientious physicians of the country are the ones who use the active principles most. And doesn't it pay to *really* give your patients "something for their money"—in personal satisfaction for the doctor, in the grateful hearts of his friends, and in better business for all concerned? We think it does.—Ed.

### WILD YAM IN BILIOUS COLIC.

About the year 1878, I saw an article in some medical journal (I cannot now recall the name of the journal, but think it was the *St. Louis Medical and Surgical Journal*) in regard to the use of "wild yam" in the treatment of bilious colic. The doctor who wrote this article I think lived in North Carolina and was rather positive of the effects in bilious colic.

Having a case on hand at that time I concluded to give the remedy a trial. I think the preparation I used at that

time was the tincture of green root, commencing with a moderate dose and increasing one drop each day until I got the effect of the drug, which was increased lacrymation and redness of the eye. Then I would stop the medicine for a few days and commence it again the same as I did at first. I was rather skeptical as to the efficacy of the drug when I first commenced its use, but to my surprise my patient had no further trouble with bilious colic. I am certain that this lady, aged about thirty-five years, had bilious colic, as she passed several gallstones.

No. II.—A lady about forty years old, was referred to me by the first patient. I called to see her and found her in a typical attack of bilious colic, severe. She wanted me to give her some of the same medicine that had cured number one. I could not at that time think what I had given the first patient so gave her a hypodermic of morphine and went to druggist having the number of the prescription from the bottle that I gave the first patient, so had no trouble in getting the same medicine, which was a vivid green. I put lady number two on the same treatment with the same good results as the first patient. By this time I began to think there must be some virtue in this drug for bilious colic.

No. III.—In 1882 I was called to a lady, Mrs. P., aged about fifty-six, who had had severe attacks for several years, which were diagnosed and treated as neuralgia of the stomach. She was relieved by a hypodermic of morphine. It was my opinion her trouble was due to gallstones, as these attacks would last from a few hours to two or three

Alcohol may induce sleep by dilating vessels of stomach and abdomen, drawing into them blood from the brain.—Brunton.

Three granules of digitalin at bedtime secures sleep for an anemic far better than any direct hypnotic.

days. She would invariably become jaundiced when the attacks would last for any length of time. There was marked tenderness over the gall-bladder and gallstones could be felt by palpation. This woman was addicted to the use of morphine and finally died from the effects of gallstones. She passed them following almost every attack and finally one became imbedded in a pouch of the rectum and, forming a fistula, the gallstones passed out when the fistula opened.

I gave her the wild yam. I cannot say that I got any benefit from the drug in this case, as she lived several miles in the country and I could not see the case only when her pains were so severe that they did not yield to the morphine taken by the mouth.

No. IV.—Some time during the fall of 1896 I was called to see Mr. C., age about 54 years, who I found suffering with severe pain in the region of the gall-bladder. He had been having attacks very similar to these, at irregular intervals for two or more years which were diagnosed as neuralgia of the stomach. However, I told him I considered his trouble was due to gallstones, gave a hypodermic of morphine, and when the pain subsided gave him a dose of epsom salt and had him examine his feces for stones. He found them without any trouble. I gave him wild yam for about one month, gradually increasing the dose until effect. To the best of my knowledge he has not had a return since.

No. V.—During the winter of 1898 I was called to see Mrs. C., age about forty-two years. I found her suffering from severe pain in the gall-bladder re-

gion. Skin sallow. I told her that in my opinion she had gallstones; however, she thought not, as she had often had spells like this and her doctor said it was neuralgia. I gave a hypodermic of morphine and strychnine. After the attack subsided I gave epsom salt and told her to watch for gallstones. She found several small stones. I gave her the wild yam, fluid extract prepared by Lilly & Company. In about ten days she had another attack, pain not very severe but lasted several hours. When pain subsided she concluded to do as she did before, take epsom salt. On the following day, and to her surprise she passed fifty or sixty stones about the size of wheat grains to the size of a grain of popcorn and some even larger. She brought them to me and seemed quite alarmed to think she passed so many. Lighting a match and holding one of the stones in the flame it burned readily and gave an odor like stale urine. I continued her on the wild yam for some time and she has not had any recurrence of bilious colic since.

No. VI.—A woman, Mrs. K., age twenty-eight, called me to see her about one year ago. She was having very severe pain in the region of the stomach. Had had similar attacks before. One physician told her she had indigestion and gave her a hypodermic which relieved the pain and at another attack she was treated for neuralgia of the stomach. Treatment the same as before. When I saw her I told her she had gallstones, Gave her wild yam. She has not had any attacks since.

In conclusion I do not wish to be understood that I think wild yam will dissolve a large gallstone, but I believe it will

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Three granules of aconitine at bedtime secures sleep for a plethoric far better than any direct hypnotic or bromide.

Bronchitis: By cutaneous capillaries, intestinal mucosa and cardiac inhibition the initial lesion may be abridged.—Winters.

restore the diseased mucous membrane of the gall-bladder and ducts to a healthy condition, thereby preventing the formation of stone. And I further believe that bilious colic is more frequent than most physicians believe.

J. H. HULL.

Washington, Iowa.

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Dioscorea has been a favorite remedy among the eclectics for many years, and deservedly so, for nothing gives more certain relief in the treatment of bilious colic than it does. We can fully verify Dr. Hull's conclusions from our own experience. It fills the bill. Much more satisfactory results can be had with the granules of dioscorein, as a rule, than with the liquid preparations. Given in 1-3 grain doses every fifteen minutes it will relieve gallstone colic practically every time, and is one of the best remedies for other abdominal pains, cramps, colics and neuralgia. It may well be associated with gelseminine. It undoubtedly relaxes spasm and permits the passage of the stone, while it is highly probable that it also has some such alterative action upon the mucous membrane of the bile passages as Dr. Hull describes.

Dioscorein ought to be used more. Associated with sodium succinate for use in the intervals between attacks it admirably meets the indications. But don't forget the sodium succinate.—ED.

#### THE CHICAGO LABORATORY.

While the CLINIC is essentially a clinical journal and especially devoted to that branch of the physician's work, it has never joined in the silly detraction

of the laboratory. Instead, while it has never neglected to condemn that undue devotion to laboratory work which leads the physician to neglect his more direct duties in the clinical field, it has urged continually, in season and out of season, the necessity on the part of the physician of availing himself to the fullest extent of the aids to be obtained and the light to be shed upon his path by the laboratory investigations. We are glad to know that the profession has found the laboratory so essential to its work that another has been added to the institutions on which Chicago has heretofore prided itself.

The newcomer is "The Chicago Laboratory," Clinical and Analytical, located at 126 State Street, under the directory of that brilliant young scientist, Ralph W. Webster, whose work along the line of diabetes and allied affections has attracted considerable attention in the highest ranks of the Chicago medical profession. We bespeak for the new laboratory a full measure of patronage on the part of our readers.

#### CACTUS AND OTHER HEART REMEDIES.

Finley Ellingwood (*Los Angeles Jour. of Eclectic Med.*) says that cactus is a better general heart remedy than digitalis and is indicated in the enfeeblement due to defective nutrition, a condition very common in neurasthenia. When there is extreme irregularity, exaggeration, or tumultuous heart action due to weakness, this is the remedy, but when the exalted action is due to temporarily increased vital action it should be avoided, and here gelsemium is the remedy. Cac-

Bronchitis: In severe cases the drug of unfailing, universal efficacy, is aconite; circumscribing arterial pressure.—Winters.

Bronchitis: Intestinal elimination, diaphoresis, aconite and niter, make up the febrifuge measures; other antifebriles contraindicated.

tus is sedative to the action of the heart and will reduce temperature where this is high and associated with vital depression; on the other hand, there are cases of subnormal temperature which yield to it more quickly than to strychnine.

As regards other heart remedies El-lingwood says that digitalis is valuable where the pulse is rapid, weak, or compressible, or with cough, cyanosis or edema; where the pulse is full, hard, and slow, or in stenosis of mitral or aortic valves, with fatty degeneration or arterial sclerosis, it is contraindicated. Strophanthus acts directly upon the heart muscle as ergot upon the uterus; valvular insufficiency is improved by it, but if nutrition is poor it should be given with cactus, avena sativa, phosphorus or crataegus. The last named is of value in old standing chronic cases with insufficiency, especially where there is a tendency to atheromatous degeneration. Convallaria regulates a heart disturbed by reflex irritation and somewhat improves its nutrition, overcoming dyspnea and restoring arterial tone.

Apocynum is the remedy when from failing compensation dropsy is threatened or present, with feeble pulse. Strychnine is indicated when there is irregular action of the heart, or disturbed rhythm. It is valuable when there are faults of nutrition. Bromide of strontium is suggested for irritable heart.

### ZINC PHOSPHIDE.

We desire to call the attention of our readers to a remedy of remarkable powers which have not, as yet, been defined, or the limits ascertained of its physio-

logic effects and therapeutic action. Zinc phosphide is thought to offer in a general way the advantages of phosphorus as a remedy, without the difficulties and dangers attending the use of that perilous agent.

Phosphorus is a mean thing to handle, about the only form suitable for pharmaceutical manipulation being the resin. It is doubly dangerous, in that its use is liable to cause poisoning with necrosis of the maxillary; and in that we do not know exactly in what form it is appropriated by the system. Phosphorus cannot exist as such for any appreciable time in the human stomach, and what form it assumes there in the varying conditions of that organ's chemistry is not as yet fully comprehended.

Zinc phosphide is a stable salt, whose curative properties are to some extent distinct from those of phosphorus. The writer stumbled upon this remedy sixteen years ago, when searching for a means of treating an obstinate case of herpes zoster. When zinc phosphide was given, marked relief ensued within twenty-four hours and the patient was almost well in another day. No case of this disease has come to the writer's attention since, which has not yielded in the same manner to this remedy.

How does zinc phosphide cure zoster? This disease is not essentially an affection of the skin, but a cutaneous manifestation in the peripheric distribution of a nerve, of degeneration of the corresponding nerve roots; and we assume that in this case of zoster the phosphide acts as a nutrient, and relieves the apparent disease by improving the deranged nutrition of the affected nerve tissue.

**Bronchitis:** Cold to the cutaneous capillaries is unphysiological, pernicious; conduces to extension.—Winters, *Med. News*.

**Bronchitis:** Excessive secretion may inundate the bronchi; anticipate and intercept it; camphor is the most valuable drug.

If this be the case, the same remedy should be applicable in other diseases which consist in degeneration of nerve tissues with peripheric manifestations. Acting on this principle the writer has applied zinc phosphide in numerous cases of inveterate neuralgia, in excessive hyperesthesia, and other diseases of peripheric tracts corresponding to distribution of one or more nerves; and the success ensuing has confirmed this view as to the action of the remedy.

But it seems as if the uses of this preparation could be extended still further. Why limit the remedy to degeneration with peripheric manifestations? Take the whole group of maladies depending upon degeneration of the various tracts in the spinal cord, of which locomotor ataxia is one; the wet brain of chronic alcoholics, and paresis. Even in neurasthenia there is reason to believe that the judicious use of this remedy may prove its value.

How should zinc phosphide be given? The writer has settled down to grain 1-6 as the average adult dose, to be given one hour previous to each meal and just before going to bed, in order to avoid having the remedy broken up by the digestive fluids, with the evolution of phosphureted hydrogen, and nauseous eructations so exceedingly unpleasant to the patient. Does zinc phosphide cause necrosis like phosphorus? We really do not know. In the doses given the remedy has proved safe, but has acted so powerfully and promptly in the diseases for which it has been given that we have never administered it for longer periods than one week.

In neurasthenia especial care should be had to avoid the overdosing which

is so apt to occur in this malady. Here, and in the more chronic forms of nervous disease, we are in the habit of administering zinc phosphide in the above doses for one week at a time each month, substituting lecithin for the balance of the month. The former remedy appears to afford a powerful upward impetus, which is more than sustained by the lecithin. This is a valuable combination in the treatment of neuroses in general. A powerful blow struck at the outset will work wonders, while if the same remedy is cautiously instilled into the system of the patient it becomes habituated to the remedy and the benefit is lost.

We would like to have reports on zinc phosphide; its favorable action in diseases, the limits of its dosage; and reports of any untoward symptoms following its employment, as well as of failures within the field here marked out.

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#### TO ANNIHILATE THERAPEUTIC NIHILISM. THE QUESTION OF DOSAGE.

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Therapeutic nihilism is born of ignorance in therapeutics. Ignorance of the best form of therapeutics begets loss of confidence in drugs, because we handle something we do not know how to use. Knowledge is the cure. If we have no confidence in our own practice, how can we ask others to have confidence in us? Is it a wonder that people run after so many false gods, that so many isms and pathies come and go?

Nihilism in medicine is entirely responsible for Eddyism, Dowieism, and all other worthless isms and pathies; they are all logical sequences to ignor-

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Bronchitis, free secretion: Impetuous stimulation is the common, almost universal blunder; only freed by emesis.—Winters.

Tetanus and strychnine poisoning are relieved and lives saved by beta-eucain spinal anesthesia, to effect.—Russell, *Lancet*.

ance. It is ignorance that brings doubt.

Twenty-three years ago the writer was a private pupil of Drozda in Vienna. In the wards of the hospital I found on the little tables at the bedside decoctum adonis vernalis; it mattered not whether the patient was suffering from tuberculosis, pneumonia, bronchitis, cardiac trouble or what not. This opened my eyes to my first sight of therapeutic nihilism. It began in European centers and now has traveled westward, to our own shores. Of what practical use are pathology and diagnosis if we make up our minds that we are helpless with our therapy? We are not helpless by a "long shot" if we only know how to go about things. The old routine must be abandoned and we must practise therapy for results and results only. We must employ the best that time has brought and taught us, administer for effect, and forget a great deal of the old way of routine dosage.

The word empiricism should be struck from the vocabulary of medicine and the word "ignorance" should be substituted. Drugs *do* act and there is a reason why and how they do act. To know what we can do we must know our craft and the precision of our tools. If our tools are dull let us whet them; if they are too sharp let us dull them. To have good tools and to know how to handle them, is the key to success in therapeutics.

No one will deny that the action of drugs depends upon their active principles; all else must be superfluous and inert. If that is the case, then let us get acquainted with the active principles; but before we study them let us first be sure

that we have got them to use and not buy them like the cat in a bag. The "cat in a bag" in medicine is the crude drug; the galenical decoctions, syrups, tinctures and powders. We want the cat that will catch the rat; therefore we must see and know the cat first.

The cream of a drug is what represents a sure thing, the active principle; cream is a good simile to use in explaining to your patients the meaning of the active principle. They will understand. We can depend upon the active principles, then let us use them. They are more pleasant to take, because they are smaller in bulk, but are mighty and positive when given to effect.

"Give to effect" is the only way to use any drug. Know the effect you want and give to that degree. A knowledge of drug and disease leads the way to the indication. It is what can be and must be assimilated to produce effect that does the work. Never forget to give enough to produce the desired effect; no more, no less. Be sure, then go ahead.

If there were no other reason to give the active principles than their small bulk, it would still be ample cause to prefer them to the crude drug. We all know that a sick man loathes the idea of taking anything. Then why "nag" the patient with disgusting and abhorrent bulk?

We are sometimes told that the active principles are too powerful to be exhibited to the sick. No drug is more powerful than just the amount of active principle it possesses and represents. It is safer to give an active principle than a crude drug, because you

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Rouget praises the glonoin group as remedies in hemoptysis; lowering vascular tension; succeeding where slower remedies fail.

Fourteen days' illness, toxemic, followed inoculation with antityphoid vaccine, with typhoid-like symptoms.—Lindsay, *Lancet*.

then know exactly the amount and potency of your remedy. The old way you do not.

We all remember the old creed: So and so much "constitutes a dose." There is no such thing as fixed dosage. What constitutes a dose for you may not for me. What constitutes a dose for me to-day may not for you tomorrow. We also remember, for instance, the fixed directions: "Sig: Give a teaspoonful every three hours." This is equally absurd and routine, because we do not beforehand know what it may or may not do in a given case, what may be enough and not too much for another of the same age. The right way to do is to give enough for effect in every single case; but to do this surely but safely, give little enough at a time but frequently enough repeated to get the desired effect, no more, no less. It is positive therapy that we want. After we obtain results it is then known to us what amount of drug obtains and effects can be easily maintained accordingly.

You see it might take a pound of food to appease your hunger, while it might take only a few ounces to satisfy mine, and you might get hungry hours before my hunger might return. Just so it is, to satisfy the wants of patients and the effects of drugs. In eating you sit down to the table and eat one little bite, then followed by another and so on until you need no more. Just so in seeking the results of drugs, it is best to give one definite little bit after another, to be repeated just as often as the urgency of the case requires to obtain desired results, no more, no less. In this way you stay within safe bounds, noting the

amount required to get the results. You must, of course, know the action of drugs, to understand and realize their signals while in action.

The golden rule is never to give more or less than will surely but safely accomplish your desire. In this way you do justice to your labors and you are not rocked in the "blues" nor lulled into therapeutic nihilism. We are now and then reminded that an active principle does not represent the collective action of the whole drug; but what of that? There are plenty of active principles that will respond to any variety of indications. They can be combined and blended, to satisfy any emergency, if you just know how.

By the way, polypharmacy is a thing that it is desirable to avoid, whether this be artificial or natural polypharmacy. For, do we get the gold nugget ere we isolate it from the quartz? I guess not. Give your drugs singly as much as possible and desirable, that you may better know what you are doing and can expect.

Remember that every case has its own individual and peculiar requirements. Find out in every instance what these therapeutical requirements are. The tendency of the past has been to follow the old way of routine, giving always the same amount of drug repeated always so often, regardless of immediate requirements and the urgency of the case; the results which followed were equally indefinite and uncertain.

Is it a wonder then that "old fogies" believe still less in aborting diseases, such as typhoid fever, pneumonia, etc., than they may believe in the action of drugs themselves? One's confidence is no

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Rarely rectal dilation may aid in tight sphincters, as after strychnine addiction it might prove beneficial.—Young, *Med. News*.

Those who depend on butchers for thyroids and other glands are apt to get their extracts sadly mixed.

stronger than one's knowledge and belief in a thing. First, let us be sure of possibilities before we condemn. Knowledge is the beacon light to conviction.

Do not forget that the living body is like a chemical retort and needs cleaning out and to be kept clean. Let us keep in mind that many diseases are but bacterial processes, that the toxins formed have a primary action upon the nerve centers, and that support to these centers never comes amiss.

ROBERT PETER.

Chicago, Ill.

#### THE BEST "POST GRADUATE" A STUDY OF THE ALKALOIDS.

I have had lots to do in professional work since 1870. In 1885 I began post-graduate work with the teachings of Burggraeve. The situation in medicine before his day and now with many was, we now see, due to the inefficiency and variability of action of the remedies at the command of the rank and file of the therapists. I remember, nearly fifty years ago, hearing my father say, while I was helping him gather lobelia, blood-root and other indigenous field products, that he could make in the kitchen better, more reliable medicines than he could otherwise procure. If I do say it, who, perhaps should not, he was a famous doctor in Northern Ohio. As he graduated in the 40's, in Philadelphia, and had post-graduate work, of those days, in New York, he was probably able to tell the difference between "good" and "unsatisfactory."

However that may be, I, not having his botanical and practical-pharmacy

knowledge and abilities, became well posted in the "unsatisfactoriness" before 1885. In justice to myself, it can be said that a fairly large acquaintance with the medical gentlemen of Indiana revealed others also dissatisfied with the difference between what they accomplished in healing the sick, and what they ought to be able to do if something or other could only be done or found out.

"God's providences" were being slowly circumscribed by "cleaning out" and "keeping clean" cities and countries, and securing pure air and water. Burggraeve first prominently taught what chemically - pure, solitary (or intelligently combined) active principles could do. Abbott shows what "cleaning out" and "keeping clean" the interior of members of the human race will accomplish. Combining the teachings of the two men "post-graduates" one, and the art has become a science, as immutable as other laws of God, and "enough-to-effect" is the cap stone. The differences in results will depend on one's mental grasp on these principles. Of course all are supposed to be equally well informed as to anatomy (gross and fine), physiology and pathology. On the last, the nihilist is particularly well posted, and as a "natural historian" he is superb.

When a gentleman recites experience that appears incredible, I understand not that he is a liar, but that his grasp in that line is better than mine. Take, for instance, calcium sulphide—aware of the "experienced certainty" as to the uncertain action of remedies, which in many will never be overcome—I hesitate to write my convictions as to its powers. It will *certainly* prevent, abort or cure

High altitude disturbs circulatory equilibrium, causing higher tension; organic heart diseases do badly.—Hadley.

Functional nervous maladies with insomnia do badly high up, when unstable nerves ascend altitudes suddenly.



scarlet fever, measles, diphtheria, small-pox, according to the stage of the disease in which its proper use it begun.

In a general way, I think, if the infecting microbe is albuminous, calcium sulphide is all powerful to destroy it; if it is a vegetable parasite, it will do nothing. Then arsenic, in some of its combinations, is equally potent.

For fear of imposing on your patience—good-bye. At some future time, sample cases of its reliability that never fails me, if you wish them.

C. S. PIXLEY.

Winnsboro, S. C.

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More of course, Doctor! We are always glad to hear from the old war-horses, who have been in the heat of the fight for live, reliable, really scientific therapy for these many years. What changes we have seen in this score of years, since you and I commenced this work!

Calcium sulphide is indeed a wonderful remedy, one whose powers and possibilities are not half appreciated. We want you to report in detail, Doctor, those cases which have proven its efficiency.—ED.

#### THERAPEUTIC VERITIES.

It is refreshing to read, in these "degenerate days" of therapeutic nihilism, an article upon this subject, such as we find in the *Chicago Medical Recorder* from the pen of Dr. C. Reiterman. The doctor has no patience with the physician who says, with self-satisfied complacency, "The longer I practise medicine the less medicine I use." He thinks this attitude quite largely responsible for the

multiplication of the drugless methods of treating disease, as well as for the hold of quackery. As he says, "If we would hold the field against charlatans and fakirs we must produce results which they can not duplicate."

While there are still diseases which baffle our skill, Dr. Reiterman correctly states that the number of effective remedies is constantly increasing, while the number of incurable diseases is growing less. Even in the incurable diseases we can do much to relieve the patient and to prolong his life, and it should be added that many an incurable disease is compatible with a long and fairly comfortable career. It was, I believe, Holmes who said that, "There is no better guarantee of a long life than an incurable disease."

We quote the following paragraphs from the doctor's article:

I have no quarrel with the rider of a hobby, who might do worse and be ridden by the hobby, and who in either case is usually quite harmless; but I confess to becoming weary of, if not disgusted with, the host of infallible and indispensable therapeutic wonders, from suggestion to vibration, that are urged upon the modern physician as superior to the medicinal treatment of disease.

It would not be surprising if the young medico who reads the positive claims of such an array of marvelous therapeutic discoveries, should conclude that the ordinary methods of treatment by administering drugs, must be disappointing.

Occasionally we encounter people who stoutly deny that medicines exert any curative effect upon the body, explaining the apparent results following their administration by suggestion, or by the reaction of the body against the remedy, etc.

I think I read once of a proposition

Alcohol, opium and cocaine are found to be the ingredients upon which the pleasant action of most cure-alls depends.—Bopp,

Sprinkling with nitric acid by mistake for holy water cured a French woman on her supposed deathbed.—*Medical Student*.

made by a physician to a skeptic of this class that he would convince him of the power and reliability of medicines if he would allow him to test any one of three he would name on said skeptic hypodermically, agreeing to risk his reputation on the result of a single dose, which he might safely do, for he named pilocarpine nitrate, atropine sulphate and apomorphine hydrochlorate, and these are but a few of the many reliable and valuable remedies at the command of the intelligent physician.

The almost magical effects following the hypodermic administration of even moderate doses of morphine, atropine and strychnine, for example, in certain pulmonary or bronchial affections, or in cardiopathies in which they are indicated, should convince any sane mind of the efficacy of such remedies.

#### THEY TEACH THE USE OF ALKALOIDS.

Prof. Pfaff, of Harvard, says in his lectures, always to use the alkaloid if available, with a very few exceptions in which the different action of the crude drug may be desired. Your campaign, therefore, falls in with the teachings I was brought up on; particularly as I have found dispensing much better all around than prescribing. My patients don't get imposed upon by any unscrupulous druggist, nor burdened with an array of partly used prescriptions; and they get no chance to pass along prescriptions to friends who seem to have some similar ailment.

MALCOLM D. MILLER.

Boston, Mass.

—:o:—

The alkaloidal idea has the endorsement of a very large proportion of the teachers of materia medica and pharmacology. If you examine the latest text-

books, such as those of Cushny and Sollman, you will find that the animal experiments which largely determine the physiological action of every drug are made with the alkaloids, never with their galenical preparations. Pharmacologists use digitalin not digitalis, strychnine not nux vomica, atropine not belladonna. If the use of these is necessary to obtain definite, measurable effects in dogs, rabbits and guinea pigs, why should they not be used when really reliable therapeutic effects are desired in man? We have long been awaiting an answer.—Ed.

#### RIGHT LIVING FOR THE PHYSICIAN.

Dr. John C. Sanders, Emeritus Professor of Obstetrics, Cleveland Homeopathic Medical College, calls attention to the absolute necessity for right living on the part of the medical man or woman. The physician must be healthy himself in order to understand and properly treat the ills of others. "There is," says Dr. Sanders, "an indefinable conservative magnetism in the personality of a healthy physician which inspires confidence and kindles faith on the part of those to whom he ministers." To maintain this health the writer recommends briefly, "temperance and judiciousness in all things," and he especially calls attention to the absolute necessity for a proper amount of sleep. "To give yourself less sleep than is essential under *any* pretext," he says, "is mortgaging your future, a mortgage never cancelled except by death."

The temperate and judicious use of the sexual instinct is also insisted upon. The physician himself must be chaste.

Judged by their report the Idaho Medical Society knew absolutely nothing of the treatment of gallstones except surgery.

Strictly scientific, the Washington Medical Society discussed arteriosclerosis without alluding to treatment.

Perhaps those who have spent time and thought over the matter, may find help in Dr. Sanders' concluding remarks. How then can medical men and women temperately and judiciously use these instincts?

Only by limiting, religiously limiting the relations of the opposite sexes to the spheres of pure friendship and tender and holy affection up to the time of the married relationship. Prior to this consummation, sexual intercourse is opposed to the laws of God, and for the latter reason is unavoidably compromising to health of body, and demoralizing to the spiritual nature.

Incident to and subsequent to the married relation, the temperate and judicious use of this instinct can safely and only safely be regulated by a just and lofty conception of woman's higher and better nature. Here, use should never degenerate into abuse—for as Longfellow has beautifully written, "Even woman in her deepest degradation holds something sacred; something undefiled; some precious keepsake of her higher and better nature; and like a diamond in the dark, still retains some quenchless gleams of the celestial fire!"

#### DIPHTHERIA NOT "MEMBRANOUS CROUP."

Since I reported a case of "membranous croup" and the failure of iodized calcium, in it I have ascertained I was mistaken in the diagnosis. It was certainly diphtheria. Another child of the same household contracted the disease, and, upon close investigation, it was found to be diphtheria. The first case when seen was coughing, with the stridulous sound of croup. It was an

insidious attack, coming on for a week, not evincing anything serious or dangerous until the day which I was summoned to see it. The child died the following night—only lived a few hours.

The next child, which was about five or six years old, had at first chill and fever, and was treated for that. The fever, though light, hung on, the cold growing a little worse, yet it did not appear seriously sick. But its nose became inflamed and ulcerated and a seropurulent discharge ran from it. When I examined the tonsils, there was a white membrane on each one, but there was none of the characteristic barking cough of croup.

I gave calcium sulphide and sprayed the throat with peroxide of hydrogen and it grew better under the treatment, but so soon as I could procure diphtheritic antitoxin it was administered hypodermically with permanent relief, in a short while. I have not given you a complete history of the treatment instituted in the last case—only mentioned the principal treatment.

I am very glad to make this correction.

A. E. WALL.

Ireland, Miss.

—:o:—

We note with great satisfaction the proof that diphtheria existed in the case you reported. We thought so at the time—not that we consider it *impossible* for calx iodata to fail, but reports of failure are very unusual. Given properly and early in the case *it will cut short croup*. We take pleasure in publishing your communication and only regret that you did not give the treatment *in extenso*.—Ed.

When both vagi are suddenly compressed a man simply drops and becomes unconscious—a mode of anesthetizing.—Brunton.

Pneumonia: Used creosote in 5 cases; in all I thought the disease was shortened. Stokes and Wells, U. S. N. advocate it.—Newth.

# AMONG THE BOOKS

## REID'S HEREDITY.

The Principles of Heredity with some Applications, by G. Archdale Reid, M. B., F. R. S. E. New York, E. P. Dutton & Co., 1905. \$3.50.

This book is not light reading for the average of us. In 545 sections on 352 pages, the author strives to define and prove the facts of heredity by the theory of theories comprising what is known as evolution. In this endeavor the author recounts and discusses many deeply interesting facts and thoughts, which, whether we take the author's view of them or not, will always be valuable enough to have them collected in one book. Even if we should hazard present scientific excommunication and dare express our disbelief in evolution, as now understood, this would not diminish our belief in the *facts* of heredity, for facts are facts, and theory—well, the German has it: *Grav ist alle Theorie*, "Gray is all theory," and you may take it in praise or blame. If you are a thinking physician, buy this book.

## OSLER'S PRACTICE OF MEDICINE.

The sixth edition of William Osler's Principles and Practice of Medicine, is not merely another late edition of the book, republished so many times since 1892. Osler has the rare faculty of saying much in comparatively few words, yet perspicuously enough and suggesting further thought. It is owing to this that he was able to treat 473 affections, more or less, in 1,114 pages, though closely and economically printed. That we have in this volume the latest known and the old-

est ascertained facts in medicine goes without saying, though we may except therapeutics, in which other great men do neither abound. But every complaint on this score aside, let us take this book as Osler's parting gift to this country, and let us take this occasion to bid him God speed in his endeavor to serve humanity in the future, as he has so well done in the past. Publishers, D. Appleton & Co., New York and London, 1905. \$5.50.

## GIBBONS' DISEASES OF THE EYE.

The Eye, Its Refraction and Diseases, by Edward E. Gibbons, M. D., is Vol. 2, to a book of the same title, published last year, of the same peculiar size and style, and complete in itself. This volume treats of diseases and operations upon the eyeball and its addenda. Like the volume of last year it is thorough and yet not prolix, and the two volumes together constitute a fine thesaurus of ophthalmology. Published by The Macmillan Company, New York, 1905. \$5.00.

## ANDERS' PRACTICE OF MEDICINE.

The Practice of Medicine, by James M. Anders, M. D., Ph. D., LL. D. Illustrated, seventh edition, thoroughly revised, W. B. Saunders & Co., Philadelphia and London, 1905. \$5.00.

Dr. Anders' book contains, as it always has, the latest, most practical and reliable on medical practice. Teachers who have recommended the book to their pupils since its first appearance in 1897, in its first and various subsequent editions, will find sufficient reason to continue the same recom-

mendation to their pupils in 1905. Numerous new subjects have been introduced, among them Rocky Mountain Spotted Fever, Splanchnoptosis, Myasthenia Gravis, and much interesting matter on tropical diseases, and on diagnosis. Dr. Anders is particularly strong on treatment.

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#### WOOD'S THERAPEUTICS.

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Wood's Therapeutics, Its Principles and Practice, is out in its twelfth edition, thoroughly revised and adapted to the eighth (1905) edition of the U. S. Pharmacopeia, by Horatio C. Wood and Horatio C. Wood, Jr. This book's recommendation is, that it needs none. We may differ from the author as much as any non-routine practitioner always will, yet we do not think it safe to say much about anything in therapeutics without first finding out "what Wood says about it." Publishers, J. B. Lippincott Company, Philadelphia and London, 1905, \$5.00.

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#### CUNNINGHAM'S ANATOMY.

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It is but in the November CLINIC that we reviewed Cunningham's Text-Book of Anatomy, and now there is at hand a second edition of it. This is owing to the fact that the first edition appeared three years ago and did not reach our desk till last month. We would ask our readers to refer to page 1186 of the November CLINIC and see what we said then about this new book on Anatomy.

In this second edition changes and additions are made in Embryology, Joints, Muscles, Brain, Spinal Cord, Genitourinary organs, Lymphatics, and Applied

Anatomy, bringing up our knowledge to August, 1905. We cannot say too much in praise of this new work on the basic study of our profession. Published by William Wood & Co., New York, 1905. \$6.00 in extra cloth.

In connection with the above, the publishers issue a *Dissecting Manual Based on Cunningham's Anatomy*, by W. A. Rockwell, Jr., M. D., 1905. \$2.00. We consider this idea an excellent help in the study of Anatomy.

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#### GRAY'S ANATOMY.

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Anatomy Descriptive and Surgical, by Henry Gray, F. R. S. New American Edition by Chalmers Da Costa, M. D., of Jefferson Medical College. Illustrated with 1,132 elaborate engravings. Lea Bros. & Company, Philadelphia and New York, 1905. \$6, cloth.

In the fifty years of the existence of Gray's Anatomy, there have been many new discoveries in human anatomy, and much material from embryology and histology has been added, both for reference and teaching, beyond what Gray's early editions contained. But the publishers both in England and America have kept up with these accumulations, to incorporate which in renewed editions they have engaged the masters of the subject as editors, and so the book has always commanded and still commands, at the present time, the esteem and confidence of the profession and its teaching facilities, and the satisfaction which is so pleasant to entertain with an old and faithful friend. If the publishers continue to keep this friend up to date as in this edition it will be a hard task

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Too frequently drug nihilism is taught. If the student were fully taught the physiologic action of drugs.—Billings, *J. A. M. A.*

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The art of prescribing, preferably single remedies or in simple combination, and when not to rely on drugs.—Billings, *J. A. M. A.*

for any other ever so good an anatomy to displace old, reliable, friend Gray!

#### TAYLOR'S SEXUAL DISORDERS.

A Practical Treatise on Sexual Disorders in the Male and Female. By Robert W. Taylor, A. M., M. D., of the College of Physicians and Surgeons, Columbia University, New York. Third Edition, Lea Bros. & Co., Philadelphia and New York, 1905. \$3.00 net.

This book claims (and sustains the claim) to give to the profession a scientific, thorough and practical account of the many-sided and ever-important subject of which the author treats. He is well qualified to do this not only as a learned physician, but, moreover, as a searchingly observant one, who for many years has had unlimited clinical material and the means to pursue his studies. This is a most valuable volume for the up-to-date practitioner.

#### SIMON'S CHEMISTRY.

Manual of Chemistry, a Guide to Lectures and Laboratory Work for beginners, specially adapted for students of Medicine, Pharmacy and Dentistry, by W. Simon, Ph. D., M. D., of the College of Physicians and Surgeons in Baltimore, etc., etc. Eighth thoroughly revised edition. Lea Bros. & Company, Philadelphia and New York, 1905, \$3.

We have much reason to be highly gratified with this Manual of Chemistry, its thorough text, which has been modernized to keep pace with this rapidly advancing science, and its exquisite colored plates of

inorganic and organic compounds and reactions, as well as its numerous other illustrations. As devoted alkaloidotherapists we are specially gratified with the exhaustive section on alkaloids. Grateful also are we for the correct spelling of the alkaloid nomenclature from which some good erring men have unnecessarily departed.

The volume leaves nothing untreated of what is good in the past and what is new, good and important in the accumulating discoveries of the present.

We beg leave to ask the author, whether he means to assert, that acidified water (p 71) is always acidified with  $H_2SO_4$ ?

#### PROGRESSIVE MEDICINE.

Progressive Medicine, Number 4, Vol. VII., for December, 1905, is one of the best numbers we have had the pleasure of reviewing, and is the only one we saved from all the quarterlies and annuals which were burned in the great fire we had November 9, 1905.

For the busy general practitioner, who is in duty bound to keep up with the progress of his profession, to eliminate the useless, to keep some accepted things yet *sub judice*, to hear of some new remedy or procedure, or of old ones revived in favor, this volume of the indispensable quarterly will prove a boon.

And of all the articles that will most interest and profit the reader of this volume, we dare affirm that none will exceed the one of the Practical Therapeutic Referendum. Perhaps we are prejudiced because therapeutics is with us not merely ornamental and auxiliary

Nephritis from salicylic acid does not cease when the drug is continued, even in small doses.—Quenstedt.

Psoriasis: Shoemaker advised arsenic, strychnine and HCl internally, salicylic acid and oil of cade locally.—*Med. Bull.*

but a fundamental faith. While nothing appertaining to medicine ever can fail to interest us, nothing interests us more in medicine than Therapeutics, and therefore we recommend the volume before us most urgently.

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#### NOTHNAGEL'S PRACTICE.

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Nothnagel's Practice. Diseases of the Blood by Professor P. Ehrlich and K. von Noorden, and Drs. A. Lazarus and F. Pinkus. Edited with additions by Prof. A. Stenzel of the University of Pennsylvania. W. B. Saunders & Company, Philadelphia and London, 1905. \$6.

In the eleven volumes of this great monumental collective work by the late lamented Nothnagel there is not one of greater importance than the present one on The Blood. There has always been learned and popular talk about the diseases of the blood, but wherein these consisted, and how to meet their indications rationally and practically is the work of recent years. And the results so far as attained are collected in this volume written in Germany by men whom Nothnagel found fitted for the various parts of the subject, and our own Dr. A. Stengel, duly supplements them in this American edition of the great work.

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#### CALLING LISTS FOR 1906.

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The Physicians Protective Accountant, a pocket account book and visiting list, will be issued for 1906 in just the perfect form which the physician has so long desired. The twelve monthly sections are each of the right size for the

pocket and each section represents the month's work clearly and concisely. This is the only strictly legal pocket visiting list and business record offered to the doctor and with the ledger of monthly balances forms an ideal system of book-keeping for the busy physician. Nothing theoretical, nothing experimental.

Some day you may be called into court to compel some recalcitrant patient to pay his bill; and then you will realize the importance of having a case-book that can be presented as legal evidence. Price complete for twelve visiting lists, monthly section and ledger of monthly balances with elegant leather case, is two dollars. Published by The Clinic Publishing Company.

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The Medical Record Visiting List for 1906 contains a complete Dose Table (apothecaries and metric measures) an obstetric chart, suggestions for emergencies, hints on will writing and much other invaluable information of the kind often needed and with difficulty found. It is for thirty patients per week. It is in flexible cover with pocket for blanks and pencil. The price is \$1.25. Wm. Wood & Co., New York.

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P. Blakiston's Son and Company of Philadelphia, issue their 55th yearly edition of The Physician's Visiting List for 1906, with all the conveniences for entering memoranda as well as lists and tables of items of practice to be handily referred to. Price \$1.00 for twenty-five patients a week, and prices in proportion for larger books, up to one hundred patients a week.

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Whatever its original cause, cancer's immediate onset seems occasioned by a definite physical condition.—Bond, *Med. M. J.*

How long would a labor union last whose sole object was training members to do better service?—Martin, *Med. Era.*

# CONDENSED QUERIES ANSWERED

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## QUERIES

**QUERY 4897:**—"Hypnotic Action of Apomorphine; The Use of the Hypodermic Syringe." Can you explain? A child, four years old, presented a case of green apples, green corn, cucumbers, peanuts, and convulsions late one night. I gave various enemas which operated well, but with no remedial effect. Then I gave a hypodermic of gr. 1-20 of *green* apomorphine which I have used occasionally since. I bought it two years ago. The child went to sleep almost immediately without vomiting at all, and slept fairly well all night. The next day he was much better and none the worse for the apomorphine.

H. F. C., Massachusetts.

In this case you obtained the hypnotic effect of apomorphine instead of the emetic. This is not unusual. The emetic effect would have followed had you given "dose enough" and, as you know, "dose enough" varies according to the circumstances and individual. In this case we would have emptied that child's stomach if we had to give three times the ordinary dosage, though we would have *first* given some simpler emetic. The enema was good, but you should have followed with a brisk cathartic to clear out the middle part of the intestinal tract. You see vomiting will empty the stomach, and enemas will empty the lower bowel, but a great deal of unpleasant and objectionable material can remain in the central portion of the intestinal canal, and only a smart purgative can effect this. Do not fail to test apomorphine again, Doctor, in full doses and you will find that prompt emesis will follow, and

do not forget that apomorphine in small doses is often a most excellent hypnotic.

As regards the use of the hypodermic syringe, we believe in giving hypodermic medication when the necessity arises, but we do not like to see a man fly to the syringe on the slightest provocation; more especially do we dislike to see this when he uses morphine or opium salts of any kind to relieve pain, etc. There are only a few drugs that can be given hypodermically successfully and, when *they* are indicated, the syringe should be used boldly and promptly, but as a rule such pronounced systemic effect is not desired, and we can get better results by exhibiting small doses at frequent intervals by the month.—Ed.

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**QUERY 4898:**—"Straightening Crooked Noses, etc. Please enlighten me as to how crooked noses are made straight, wrinkles are made to disappear, protruding ears are drawn back and kept there, etc., etc. I notice many who are getting excellent results. Kindly refer me to a work on the subjects, or a school where such matters are taught.

A. E. E. Pennsylvania.

Plastic surgery is to-day a "fine art," and the surgeon who corrects facial and other deformities, operates according to the necessities of the cases. For instance, paraffin is injected under the skin to fill up saddle-noses, moulded while soft to the proper contour, and then held in place until it sets. A too prominent proboscis (of the "Roman type," for in-



stance) is sawed or filed down after a skin incision has been made. Crooked noses are broken and reset, and protruding ears are treated by cutting away semi-circular spaces from the back of the ear and adjacent skull surface, and bringing these together until healing takes place. Wrinkles are removed by making an incision under the jaw or in some hidden spot, removing a strip of skin and bringing the edges together, thus causing tension and obliterating the wrinkles. It is all easy enough if you once grasp the idea, and are prepared to cut and chisel and gauge and file and otherwise maltreat the human countenance to suit the whims of those who consider themselves ugly and have the money to pay for being made handsome.—Ed.

QUERY 4899:—"A New Local Anesthetic." I have been using cocaine as a local anesthetic, but would like to have something more in accord with the progress of the times. There are some with whom it is hardly a success. Please let me know what you can do.

V. B. L., Arizona.

Cocaine is perhaps the *most* useful local anesthetic, but it is toxic. Beta-eucaine is almost as efficacious and less toxic. Nirvanin is a good local anesthetic, not remarkably toxic in its action; in fact, practically non-toxic. Stovain is the latest applicant for favor, and many flattering reports have been published relative to this drug. The writer has not tried it. Necessarily the local anesthetic of choice depends upon the part affected, and the effect we desire to obtain. We can get local anesthesia by infiltrating the tissues with normal saline solution, or with a solution of morphine, cocaine, and sodium chloride, the cocaine being

present in very small proportions. You will find the local anesthesia tablet (Schleich) made by most manufacturing pharmacists for solution purposes an excellent formula. If you will give us some idea as to just what you desire to do, we may be able to help you further. Ethyl chloride, which is applied as a spray from a glass container, freezes the parts and allows extensive cutting without pain. The writer within twenty-four hours opened an extensive carbuncle of the abdominal walls under ethyl chloride anesthesia. The patient was practically unaware of the passage of the knife.—Ed.

QUERY 4900:—"Myocarditis: Cardiac Hypertrophy." Male, aged about 40, farmer; a few years ago began to have attacks of "short-breath" and pain over the abdomen. The trouble is chronic myocarditis with heart enlarged. No dropsy, has broken compensation and regular beats, great dyspnea, nervousness and insomnia—insomuch that morphine hardly has any effect. Is up and around, indeed it is hardly possible to keep him in bed. Appetite good. I have used various heart tonics, but the only thing that does any good is *crataegus oxyacantha* (gtt. 15) combined with normal tincture *passiflora incarnata*, four times a day, with 1-30 grain strychnine sulphate. Other heart tonics do no good. This combination made wonderful improvement. Of course, I know that I cannot *cure* the case, but I want to help him as much as possible. He does no work, only walks around and "takes things easy." I also am giving him triple arsenates with nuclein, two tablets three or four times a day.

Could you offer anything better? Would dieting be of any benefit? I look after his bowels and stomach. He would feel pretty good if he could sleep better.

S. D. S., Minnesota.

Too many "made in Germany" specifics are shoved under our noses. Most of them we could easily do without.—Billings, J. A. M. A.

Pharmacology and therapeutics are neglected relatively by many medical schools—one cause of nostrum evil.—Billings, J. A. M. A.

This case will, of course, require rest, highly nitrogenous diet, restriction of liquids and graduated exercises. Interstitial or parenchymatous myocarditis may exist and it is not always easy to make a positive diagnosis as to which type of disease we are dealing with. The former usually occurs in those of rheumatic tendency with pericarditis or endocarditis. Obstruction of the coronary artery may cause fibrous patches and sudden death may occur. The dyspnea and insomnia are not good symptoms. *Small* doses of mercury are imperative to prevent high tension and we would strongly suggest that you push strychnine. We must always bear in mind the probability of round-cell infiltration, softening, aneurism and sudden end, though if this stage has passed, and fibrous tissue has formed, the danger is not as imminent. However, fatty degeneration is still to be feared. If syphilis can be positively excluded then it would be well to look up the history and find the origin, if possible. Perhaps cactin, in increasing doses (with strychnine as alternant), will prove the best medication, using calx iodata freely. This should be more useful than potass. iodide. Keep up elimination and give papayotin to insure digestion. Arsenic iodide may be given for a time and then dropped for a period and resumed. The prognosis is unfavorable.—ED.

QUERY 4901:—"Dementia Following Typhoid."—Patient had typhoid fever lasting four weeks. No ugly symptoms except bowel trouble. Used your intestinal antiseptic—of course! Three weeks since her fever subsided. In a few days afterwards she showed a loss of memory. A few days later began to complain of pain in legs. Now the flesh up to the hips is so very sore she cannot use

the legs at all. A little strange she has never developed any appetite. She eats now what is offered her and her digestion is very fair. Bowels constipated. Does not sleep without aid of sleeping potion.

Her mind like this: Has no idea an hour after eating what she had at the meal. I go there and remain an hour. Should I go out of the room and return she will speak to me as though I had not been there at all, although absent but a few minutes.

I think her case one of nervous prostration and neuritis. She was not delirious at any time during illness—and had a mild attack. Was a stout woman probably weighing 180 pounds when taken ill. Tongue normal; no tympanites; pulse now 120 per minute.

I have been giving triple arsenates with nuclein. This is a case I am doubly interested in and would like a reply.

W. L. W., Mississippi.

In this case, doctor, you have something of great interest. Acute febrile diseases may be followed by psychoses due either to destructive tissue change or slow reestablishment of nutritional processes. They may develop from the crisis, follow the subsidence of the symptoms, or manifest themselves some time after presumed recovery. Those set up during the height of the disease may be due to thrombosis, pigment embolism or capillary hemorrhages due to degeneration of the vessel walls. Later, the obstruction to the removal of waste matter from the brain, or its disturbed nutrition resulting from tissue changes, or the action of toxins upon the centers, may cause low grades of dementia or marked insanity. Buhl says that loss of fat plays an important part here. Atrophy of the brain often results. In this case the metabolic disturbances with retention of waste matter will account for the con-

Altruism would be a good doctrine if everybody practised it; everyone else out for No. 1, the altruistic doctor is left.—*Med. Era*.

The drug trust overcharged the American public \$96,000,000 in a year? Utter absurdity? Baseless mendacity!—*Nat. Druggist*.

dition. The mental weakness may last for months or gradually assume the form of true dementia. Recovery is the rule, however. *Eliminate* here, doctor, and "feed" the nerves. Salines daily; boldine, chimaphilin, rumicin and xanthoxylin, alternated from time to time, in full doses. Very small doses of calomel and iridin every hour every other night. Strychnine and phosphorus (the compound granule) one every four hours and neuro-lecithin, one, t. i. d. Baths—full, salt, sponge and epsom salt—with alcohol rub and "towel"ing. Light, nutritious food, digestants, fresh air and light. Watch the case and meet each condition as it arises. We request that you will report progress.—Ed.

QUERY 4902:—"Deafness Following Parotitis."—I have a patient who has just had a case of mumps; both parotid glands affected. After about ten days he became suddenly deaf in both ears and remains so. Complains of dizziness and roaring "in his head—nothing but the above disturbance. Will you be so kind as to give me the best treatment and what do you think as to the prognosis in the case?

J. N. S., Indian Territory.

Deafness is not an infrequent sequel of parotitis and is a symptom, as a rule, of serious middle ear disorder. Quite frequently otitis media following parotitis is accompanied by an affection of the auditory nerve and proves absolutely rebellious. Politzerization is frequently attempted and quite often proves more harmful than beneficial. We would strongly urge you to put this patient in the hands of a competent aurist, for, unless you are unusually skilful in treating diseases of the ear you may be quite sure your efforts will be unattended with

success. You may give calx iodata, however, in fairly full doses. Keep the ear clean with warm alkaline solutions and drop into the external auditory canal two to three minims of mullein oil which can be obtained from any good homeopathic supply house. Catarrh must, of course, be treated, if present.—Ed.

QUERY 4903:—"A Hypochondriac?" I have a case just now that I don't enjoy. A widow, fifty-eight years old, has, I think, hysteria and complains of impossible pains, palpitations, sinking spells, nausea, constipation. Says her bowels will "shake and churn up" and down, her back in the subscapular region will palpitate, and the good Lord knows what she don't complain of. She is well nourished and looks as well as any person, excepting dark crescents under her eyes and a complexion that is a little sallow. I have given her nerve tonics, nerve sedatives, cholagogues, digestants, but she keeps on complaining. I took her to a hospital for an imaginary operation, hoping, after that, the rectal trouble she complained of (which the surgeon and myself argued was imaginary) would disappear and that she would believe herself cured. But she complains of the palpitations in all parts of her body and even in her legs. Now, if you can suggest a line of alkaloidal treatment for her I should be very much obliged.

F. W. S., New York.

First of all, give this woman a good course of hepatic alteratives and eliminants: calomel, podophyllin and leptandrin, gr. 1-6 each, half-hourly for four doses, every third night for two weeks; a good saline draught the next morning. Every four hours scutellarin three granules, cypripedin three, camphor monobromated one grain. Before meals, as tonic alteratives, juglandin, quassin, zinc oxide and strychnine. Use *suggestion*; tell her

Out of 697 cases of injury from drugs reported in four months only two were chargeable to careless druggists.—*Nat. Druggist*.

Cysts occur anywhere in the breast; scirrhous tumors are almost always between the nipple and axilla.—Abbe.

that you are going to put her on "a very potent treatment;" that she will have active elimination (and she will!), that the debris and morbid material which has been poisoning her system for so long will be gotten rid of and that the persistent tonic treatment you are going to give her will speedily put an end to her troubles—and *they will*. At the same time, give her nourishing food; have her take a cold salt sponge bath twice a week and insist upon at least a two miles' walk every day. But keep a lookout for some *real* organic disorder—especially watch the uterus and liver.—ED.

QUERY 4904:—"Trichinosis." I have a suspected case of trichinosis and am anxious to have a specimen of blood examined. Could you have this done for me, and would you direct me how to take the blood specimen? I sent one to Cleveland with a cover glass, and they replied that the blood had caked, making it impossible to stain the specimen. Should I use a cover glass? Also could you inform me as to what are the blood cells known as the eosinophiles.

J. R. O., Ohio.

It would be entirely unsatisfactory to examine for trichina. With such a small amount of blood as you have to work with you would probably not find them. It is necessary to examine the blood promptly and a considerable quantity is necessary. The eosinophiles are leucocytes which take the eosin stain readily. You must bear in mind, Doctor, that trichinosis cannot be diagnosed upon the blood findings alone; the detection of the embryo in the muscle tissue being the only really satisfactory proof. Leucocytosis is not an uncommon symptom, but it is not a constant one, the hemo-

globin may fall from 75 to 50 per cent, but, when the infection is severe, the erythrocytes are markedly reduced from the sixth to the tenth week; infection usually causes eosinophilin to develop and it continues for weeks and months. The feces may contain adult trichina. The most favorable point for finding the trichina is the outer edge of the gastrocnemius or the tendinous portion of the soleus. Cleanse the skin as for any surgical operation, inject a few drops of a 4 per cent solution of cocaine into the deeper structures and in five minutes anesthesia will be complete. Make an incision over the tendinous portion of the muscle, grasp the sheath with a rat tooth forceps, and make incision. Keep the sheath separated by traction with two pairs of forceps and dissect away a small piece of muscle tissue. Place the bit of muscle tissue in a glass containing warm water. The specimen is now ready for microscopical examination.

For technique see any good work on Clinical Diagnosis. You will find Boston "Text Book of Clinical Diagnosis," (W. B. Saunders & Company,) very complete, simple and satisfactory.—ED.

QUERY 4905:—"An Obscure Neurosis." I have a case on hand which has been a puzzler to the doctors of this section and which has now come under my care. Boy, age fifteen months. Father and mother living and well. Mother was very wakeful nights while carrying the child, otherwise in good health. No taint of venereal disease so far as I have found out. One sister died of cholera infantum when two years old. When the sister was six months old she had "spells" in which she would fold her arms across the abdomen and strain, or sometimes she would lean across a chair or a pillow.

There is a time to give and a time to withhold, but cut-and-dried science fails to teach us when.—N. Y. M. J.

See eds in N. Y. & P. Med. Jour. for Dec. 2. Somebody begins to sit up and take notice in that vicinity.

This persisted for six months or more, when she had what, I think, from the description, was anterior poliomyelitis. The right leg never recovered strength.

The patient is now fifteen months old. His appetite is good, the bowels are regular, urine normal, heart and lungs normal, no tenderness along the spine nor in the abdomen. He has always been very wakeful nights. Will start right up out of sleep and climb up at the foot of the cot. He has had the straining spells similar to his sister for some months. He does not appear to be in any pain at these times, and if his attention is diverted, will stop, to resume again when left alone. One doctor has treated him for worms, another for "urinary trouble" without benefit. The foreskin was turned back and a lot of smegma removed, since then he has not been so bad, but still has the straining spells and is just as wakeful at night.

I have only seen him once and gave the following treatment beside cleaning out the prepuce: Neutralizing cordial gtt. 30, before eating, infants' anodyne, granule, one at six, two at eight p. m., nuclein, gtt. 2 three times daily.

A. F. W., New York.

There are no distinct symptoms of chorea, epilepsy or disease of the cord or brain. The case is a peculiar one. Dilate the sphincter ani; look up the frenum and clip it if there is tension. Regulate diet carefully and note the stools—see if digestion is perfect. Now, doctor, make sure that there are not worms—give enough santolin and calomel to find out. Test the reflexes—superficial and deep. Note condition of pupils; examine the nares. It is just possible that you may find the entire trouble due to a very slight abnormality. After correcting any thing needing attention and ordering light diet, give this child scutellarin, cypripedin and avenin of each two

granules three times a day. Have the bowel washed out every second day and give papayotin, two granules, after each meal. Make up a solution of the cal-mative for children (hyoscyamine amor., gr. 1-500; ol. cajeput, gr. 1-67; ol. anise, gr. 1-67; menthol, gr. 1-67; camphor monobromate, gr. 1-67; scutellarin, gr. 1-32. Make your solution so that one teaspoonful (sweetened with saccharin) will contain half a tablet; to this add con. tr. passiflora incarnata (gtt. 5 to above dose) and order the amount stated one hour prior to bedtime *repeated* if any sign of trouble. Nuclein four drops twice daily—morning and night.—Ed.

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QUERY 4906:—"Diphtheria or Edema Glottidis?" I saw a thirteen-months-old child yesterday morning who had laryngeal diphtheria, according to my diagnosis (but I did not believe it was diphtheria for some time after my arrival, thinking it was catarrhal laryngitis). I at once administered calcium sulphide, then ordered calcium iodized, fearing diphtheria; second order, antitoxin. In diphtheria, where alarming symptoms are present, it appears that the earlier the system is saturated with calcium sulphide the better. Please tell me how often you could give this preparation (grain 1-6) with safety? I know what some claim in regard to the saturation in twenty-four hours, but my patient was dead in three hours after I saw it. I gave four doses of the sulphide in three hours. Cyanosis and breathing became better. I gave three doses of calx iodata and, thinking it was too late, did *not* give antitoxin. Could have given it one hour and fifteen minutes before death. Does calcium iodized interfere? I understand it is not indicated in diphtheria, but being doubtful thought perhaps it would be helpful. Would you have given anti-

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Deformity occurs often enough to make pelvimetry a practical part of examination of pregnant women.—Davis, J. A. M. A.

Sillier says the heroine habit is worse than morphine, harder to stop, more dangerous to stop or to continue.—N. Y. M. J.

toxin? This is my second case of late, both being somewhat peculiar. The first recovered under calcium sulphide. I gave other things, but the sulphide did the work. It may be the "peculiarity" of these cases lies in my being a young practitioner of a few months. Both cases were sporadic.

C. M. R., Kentucky.

This is an important and interesting subject. Calcium sulphide may be given half a grain every ten minutes if necessary or even a grain every fifteen to thirty minutes. The dosage and frequency of exhibition must be governed by the emergency of the case. Calx iodata does not interfere in any way with the action of calcium sulphide. While calx iodata is not the remedy for diphtheria it is certainly of use if given upon a dry tongue and swallowed slowly. This was a case in which antitoxin should have been given instantly if only for your own protection. Are you quite sure that this *was* diphtheria? Did you have a swabbing from the throat examined? This may have been edema glottidis. Unfortunately you do not give us enough facts to base an opinion upon. We gather from your letter that you only saw the child three hours before death. It is quite evident, therefore, either that diphtheria was far advanced or the disease was of another character. The cyanosis and difficult breathing you speak of may have been caused by edema glottidis. You do not state whether diphtheritic membrane was present in the nares or pharynx; neither do you give any history of temperature, prodromal symptoms, etc. What local treatment did you use, Doctor, and why did you not intubate or do a tracheotomy? Always be prepared to do either one of

these operations. Many a little life goes out for want of prompt intubation. It is quite evident to us that you had a difficult proposition to handle and now that it is all over the thing to do is to review the circumstances and find out whether you did just the best thing or whether you left undone things which might have changed the course of the case.—Ed.

QUERY 4907:—"Nuclein and Lecithin in Neurasthenia." Is nuclein contraindicated in neuralgia or neuritis? I have a case of neurasthenia for which I would be glad for any suggestions. Woman about twenty-eight years old, married, three children. Has been in declining health for several years. She is a business woman and so has broken down her health which was never robust. A month or two ago she showed symptoms of incipient phthisis with cough, fever, hectic in type, some night sweats, anorexia and asthma. With rest, tonics and eliminants and forced feeding these symptoms have improved. Just now there is much tenderness along the back and spine with aching up to shoulders and neck to head. The aching in back is a constant feature, but there are acute attacks at times which involve different parts, shooting pains through chest, shoulders, arms and legs and head which aches at such times, of course, nervous and irritable. Physical signs did not show tuberculosis, sputum negative. She has had triple arsenates, nuclein and lecithin, salithia, creosote and guaiacol, cod liver oil, egg and milk, graham bread, butter and cereals with ferro-somatoses up to her digestive capacity. There are attacks of nausea and acidity at times. Am using sodium sulphocarbolate after meals—two five-grain tablets. Have used the digestive granules before meals, but believe that the quassin in them promotes acidity. Now, is the neuralgia and spinal irritation due to nuclein, lecithin or deficient elimination? Elimination

Græco-Italian, Celtic and Teuton converge to reestablish on American soil the Aryan stock in its purity.—Reed, *Md. M. J.*

In fecal obstruction small doses of atropine by stimulating peristalsis may prove of value if due to atony.—*Med. Standard.*

falls too low, sometimes. Strychnine does not agree with her, it seems, so have used cactin alone for pulse which is slow and weak. Her color is good, she has not lost much weight, but is asthenic and the neuralgic attacks weaken her. Urine is normal. What would you suggest to increase appetite and stop the neuralgia? Would you continue nuclein, lecithin or strychnine? Would macrotin relieve the backache? Since nuclein increases uric acid, I have thought it aggravated the trouble in this and some other cases I have observed. Please give me such suggestions as you think proper.

L. W., Iowa.

Nuclein is decidedly *not* contraindicated in neuralgia or neurasthenic conditions. Lecithin is essential to nerve repair, this substance being normally present in constant amount in the medullated sheaths, no matter how great the nerve waste? That its absence (or diminution) is noted in those subjects who have died from severe nervous disease (tabes, epilepsy, etc.) is an evidence of its importance to the normal neuron. The prompt improvement manifested when neuro-lecithin is exhibited to the "nervous" case adds to the evidence. The fact that nuclein causes the symbolic processes to be stimulated necessitates greater waste production—if elimination, therefore, is not very complete retention of toxic matter occurs and the patient suffers. Keep up free and full elimination throughout, doctor; skin, kidneys and bowel must all do their work—and do it *well*. Quassin cannot act in the way you suggest, but you may give here quinine hydroferrocyanide, brucine and juglandin before meals with good results. Sumbul with cypripedin and scutellarin will do the rest—provided, that is, that you "keep clean" the digestive

tract and the system generally. Give nuclein one day, lecithin the next—morning and night.—ED.

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QUERY 4908:—"Infantile Indigestion." Mrs. M. was confined October 11, second child, male. Her health is fair but she was unable to nurse the babe and has been trying to raise it by feeding from bottle, but so far we have been unable to find any food that agrees with it. Large quantities of undigested food pass from bowels with every evacuation—and they are quite frequent, from six to ten passages, each twenty-four hours. The discharges are very irritating and the babe's parts, for two or three inches around anus are at this time almost raw and have been nearly as bad for some time; *chafed*, ever since birth, almost, and all cleanliness is exercised, too. We have tried a number of prepared foods, but none seems to agree with the babe. At birth the babe weighed nine and one-half pounds, now about eight. Has had thrush very severely, but that is some better. Complains a great deal after bowels move, until changed, and the use of water, when "changing" him, causes him to almost scream with pain. Have tried various local treatment, but none seem to do much good. Of course, the cause is still acting. If you can aid me any from this imperfect description of the case I would thank you very much. Aside from the indigestion and assimilation the child seems all right.

C. R. H., Illinois.

The best thing to do is to feed this child upon *predigested* cereals, albumin water (the white of an egg stirred slowly into a half-pint of previously-boiled water, sweetened with saccharin, and barley water with beef juice. We suggest that you use *cereo* as a digestant; it is added to the cereal food and rendered it almost immediately fit for assimilation. Cut off all *milk*, *pro tem*, add-

The bite of a girl will bring a quicker and more horrible death than the bite of a serpent.—Miller, *Med. Standard*.

Mild caustics like silver nitrate applied to warts of elderly persons often stimulate into epitheliomata.—*Med. Standard*.

ing a little cream, later on, to the barley water or predigested gruel. Keep the mouth cleansed with a weak solution of boric acid and calendula. The menthol compound tablet (one to sixteen ounces of water) is a good formula, and, to this, you may add a good preparation of *Calendula officinalis*, one part to eight. You will also find calenduline an excellent preparation for the mouth and also for addition to enemas which should be given daily. To the local excoriations apply Dolormol-Ichthyol. We suggest also that you give this child the sulphocarbo-lates. Dissolve one ten-grain tablet in eight ounces of water, sweeten with saccharin, warm slightly and let the child take an ounce or two ounces every four hours from the bottle. Often more than this will not harm. Just prior to food give a granule of hydrastin (gr. 1-67), flip it into the back of the mouth and give the bottle immediately. You will find inunctions of olive oil or cod liver oil beneficial. Take one portion of the body each day and "rub in" an ounce of oil. Do not forget that the enemas should be "high," using a catheter to pass the fluid into the colon. You may find neutralizing cordial in warm solution extremely useful here. It will not be curative, of course, but it will help you during the early stages to control conditions. You will have to find out the dosage for the case. Begin with a small quantity after feeding and increase as it may seem necessary.—Ed.

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**QUERY 4909:**—"Spasmodic Cough or Pertussis?" I find calcium sulphide uncertain in action. A tablet of camphor monobromated with calcium sulphide should be an effective remedy in pertussis. Just now we have a cough epidemic

among the children here: spasmodic, just like pertussis, but no "whoop" or coryza. Some of them have had it two or three months. It gradually subsides. What is it? No sore throat, dry spasmodic cough, more frequent at night.

C. R. D., Michigan.

Much of the calcium sulphide marketed is uncertain, but the pure calcium sulphide of at least U. S. P. strength, is as positive a therapeutic weapon as exists. Tablets of commercial calcium sulphide are insoluble and inert. The combination of camphor monobromated and calcium sulphide is a good one, but we do not believe the two remedies should be placed in one tablet, as calcium sulphide should be pushed in small doses to saturation, while camphor monobromated should be given in a full dose and repeated only once or twice (as a rule) to effect. At least we have found this to be the best plan and we think if you once adopt it you will agree with us. You will find, however, the whooping-cough granule (Cushman) containing calcium sulphide, camphor monobromated and quinine hydroferrocyanide an excellent little tablet.

You do not give us facts enough about the "cough epidemic," to enable us to diagnose it positively. This is a species of bronchitis, we presume. Pertussis, having distinct stages and being an infection, cannot well be mistaken. Is there any expectoration, vomiting, or temperature? Is elimination disturbed? Kindly describe succinctly the symptoms and course of the case. In the conditions you speak of we think that iodoform and cicutine or calx iodata and camphor will be efficacious.—Ed.

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**QUERY 4910:**—"Hysteria at Catame-

Since Oct. 1 there has been an increase of over 23 per cent in the deathrate from pneumonia in Chicago.

Practicians are incompletely prepared to prescribe without leaning on the crutches of ready-made mixtures.—J. A. M. A.



nia." Nuclein is the "stuff!" I had a patient, female, who was down, and had been for thirteen months: hysterical, a morphine fiend; had cystitis, and, to listen to her tale she had most everything else the human race falls heir to.

My basic treatment was triple arsenates with nuclein, and other alkaloids, as indicated. The result, so far is that she went forty to fifty miles to some springs for eighteen days, walks to see her neighbors, and goes to church; she talks with intelligence and not with the old hysterical whine of two months ago—except at her catamenia. Can you help me any? I used the alkaloids. The other fellows did not!

A. L. N., Mississippi.

"Thank you!" Nuclein is "the stuff" as you say. The more a person uses it, the more thoroughly familiar he gets with its action, the higher his appreciation of its therapeutic worth.

Give us some idea of the physical conditions existing in this case, especially noting the reflexes, etc., and for three or four days prior to the catamenia push the uterine tonic and scutellarin, adding cypripedin to each dose. We think this will speedily prove helpful.—Ed.

QUERY 4911:—"Ground Itch." Will you tell me something about "ground itch?" This skin disease is very common among the children of this country who go barefooted. If you can give me any hints which will enable us to treat this troublesome disease, successfully, I will rise up and call you blessed.

G. E. S., Florida.

If you have not already done so you should read Dr. Rankin's extremely interesting articles on Uncinariasis, which appeared in the CLINIC early in the year. In these articles he pointed out the fact, which has received quite general recognition, that ground itch is the first or

acute stage of hookworm disease, at least in a very large percentage of cases. In a study of 147 cases he states that 99 1-2 per cent gave a history of previous ground itch. In other words, it is probable that in most cases the parasite gains access to the body through abrasions in the skin, and this is especially likely to be the case among children who go barefooted, given a soil contaminated with fecal discharges. The local irritation causes the "ground itch." The treatment should first of all be prophylactic: The children should be provided with shoes and stockings, and the indiscriminate deposition of fecal matter about the premises should be stopped. The lesions should be treated with the ordinary parasitocides, such as bichloride lotions, or ointments of ammoniated mercury, sulphur, balsam Peru, etc. Perfect cleanliness of course. While the cause persists, the eruption is likely to give trouble. If this thing is neglected, in a few weeks the child may show the systemic evidences of the disease, bringing in their train the anemia, the pot-bellies, the stunted growth and weak intellectual development which are too often seen.—Ed.

QUERY 4912:—"Walking Typhoid." I have a patient with a morning temperature of 101° F., evening about the same, or 102° F.; tongue black in center and stools green. I have been giving dosimetric trinity and sodium sulphocarbolate and saline mornings; nose bled first two days, so I thought I would give intestinal antiseptic. Looks like typhoid; tongue looks little better, but his stool keeps green, dark, and watery.

E. F. P., Michigan.

Clean out that patient with calomel, podophyllin, and leptandrin, 1-6 grain of

From Aug. 7 to Nov. 30 Chicago city inspectors condemned and destroyed 2,391,719 lbs. of meat, fish, etc., and 389,478 lbs. of fruits.

In 4 months Chicago inspectors condemned \$238,623 worth of food as unwholesome, diseased or otherwise unfit for human food.

each half hourly for four doses, following in eight hours with a saline draught, and then push the sulphocarbolates (ten grains) every three hours, with a little water. We also suggest that you give 1-1000 of a grain of copper arsenite every hour or two, for four or five doses, then after each stool. Give this in solution. Push nuclein, Doctor, hypodermically by preference, and give baptisin and echinacea, of each two granules four times a day. You had better wash out that bowel with a high enema of some mild alkaline antiseptic.—Ed.

QUERY 4913:—"How to Get Started." I am taking the liberty of trespassing on your valuable and fully occupied time, to beg of you to favor me by replying to my herein requests for such information, and "pointers" as will assist me in the early acquirement of practice, in my future location, and I most sincerely assure you of the fact that any such advice will be most greatly appreciated and very gratefully accepted by me. I will now ask your much-esteemed opinion as to the following:

1. In the commencement of my practice in —, Ohio, which location of my office would you think best: In my residence in residential part; in or above drugstore in residential part; in or above drugstore in business part; in a downtown building in business part?

2. Whether to give prescriptions only or to supply the desired remedies from my own office?

3. About how long, in a general way, should a physician await payment of his fees by patient before sending request for same?

4. What methods do you consider best in gaining a desirable and likely to be profitable acquaintance among the people who are probable to be prospective patients?

5. What classes of diseases are most

commonly brought to the notice of physicians in city practice, during the different seasons of the year? and for each please mention your most successful remedy.

W. I., Ohio.

Circumstances alone can govern the individual in each case.

1. To this question the above applies with especial force. Go where the opportunity is the best. If you have not too much money and find a good location in a residence section, practise from your house giving up one, or better, two rooms to your work. Separate them from your family rooms. If you can get a good office near, use it for office work and have a sign at each place with definite hours. Drugstore practice may be desirable and may be a drawback. "It all depends."

2. By all means give your own medicines from the first; charge a fair price and "get results." Point out to people that they save drug bills. If you do give prescriptions send them either to a druggist who will protect your interests (will not refill, etc.) or let the patient go where he lists. But give R's only when you do not care to make up the medicine.

3. Send in your bill every month. If not paid in three months ask for a settlement. Suggest a part payment every week if nothing better can be had. Cash for office work. Have a sign to that effect prominently displayed. Trust only where you have a reasonable show of getting your money and refuse to attend a case till you know who is responsible for your fees. If you start right you will go along right.

4. This question again cannot be an-

Chicago housekeepers paid \$1,080 daily for water in milk in October and \$5,278 daily after inspections were restricted.

Some men never get up till called; some one else must apply the stimulus; the spark, the leaven, the steam, the starting force.

swered well without writing a book. Go to church; take every reasonable opportunity to meet good people: If you sing join a local society; if you play join a musical association. Examine for life insurance if you can do good work and represent good companies. Take each and every chance you can, dropping the props as you rise. But don't be cheap—don't "rush in" and be officious. Dignified hustle is all right, but a "scrambling grab" is ridiculous. One thing; in your desire to "know people" avoid those who will later be a clog to your progress. Be civil and pleasant to all—sycophantic to none. Don't be "Doc" to anybody but be *doctor* at all times.

5. Every imaginable thing from a burnt or cut finger to a case of tinea tonsurans. Expect anything—and when it comes do the best you can at once; then go home and read up—and then do better. Don't try to get ready for a case of measles or apoplexy and forget scabies and cross-presentations because as sure as you do you'll get the latter—both, in one day! Watch the health reports each week and post up on the prevailing disease but at the same time keep your memory refreshed on the symptoms of variola and gonorrhea.

In brief, Doctor, go ahead and select your opening and when there do that which seems best to do in that particular instance. Be properly accoutred, have definite hours, put on a bold front (but be modest and let *others* tell what a wonderful man you are), think before you treat, and don't express definite opinions till you know "where you are at." But when you do feel sure, go ahead and don't let anyone change your course. Finally, use the alkaloids, read the

CLINIC, and keep in touch with your fellows. Success to you.—Ed.

QUERY 4914:—"Probable Uterine Fibroid; Amenorrhea; Alcoholism." Mrs. G., aged forty-two, has complained for twenty-five or thirty years of pain in the side (right) and stomach and a "lump in stomach." Very corpulent. These paroxysms of pain are getting closer together and since last January have not been more than fourteen days apart. She is pregnant since May, and the pains are increasing in severity very fast in the last two months. After one of the spells she is very sore around waist and bowels for three or four days. She is so corpulent that I cannot outline a tumor very easily. My diagnosis is gallstone colic. If this be correct would you advise an operation in her condition? Is there not danger of rupture of the gallbladder during labor? I have given her sodium succinate and sodium phosphate with cascara, etc. For the pain I give her morphine sulph. and atropine. Can't you help me?

Case number two. Miss C., twenty-two years, has not menstruated for three years. This is not a case in which obesity is the cause of the suppression, as she is not excessively fleshy. She does not complain, and is able to work every day, and does work. Her people are very anxious about her condition. I have given her emmenagogues galore, but no return.

Please give me your treatment of the alcohol habit and can it be successfully treated at home? Is there any medicine that will counteract the effect of alcohol and straighten a person up in a few minutes so as to enable him to do business when he is able to go around, but cannot concentrate his thoughts, but knows he should do so and so desires to do? In case of a lawyer or public speaker who is "jagged up" and tries to straighten up, what will help him? I

Do the right thing without being told; push without waiting to be shoved; no alarm rings for the hour of Opportunity.

Initiative isn't intuition or second-sight; it's perpetual trying—everlasting vigilance—unceasing work.—System.

have tried strychnine nitrate and ammonium muriate, etc.

T. I. C. P., West Virginia.

We sincerely urge you to stop using morphine and atropine in this case. You are running great risk in doing so in a woman pregnant since May last. Only the most careful diagnosis (arrived at by a minute physical examination) can guide you. It may be necessary to do an abdominal section to save life. See if the pelvic organs are normal, especially investigate the uterus. Is it not possible that the lump you discovered is a fibroid of the uterus pushed high up in the abdominal cavity? We believe the pain you speak of to be due to pressure. You do not give any prior history of gallstones; neither do you give any symptoms which would lead us to diagnose this malady. How are the stools, urine, tongue, skin, etc.? Have you examined the liver as carefully as possible? Remember that even corpulent people may be fairly well examined by having them lie over on the right side and make deep pressure with the finger over the hepatic area. We would have the urine examined in this case, and carefully search the stools after an attack of pain. Possibly a supporting belt and the internal administration of viburnin, macrotin and oulophyllin two each in hot water three times a day with discorein (perhaps) would prove effective. Of course, if gallstones exist and there is catarrh of the ducts, sodium succinate and boldine will be indicated. You do not state whether this woman has ever had a child before. Try giving her large doses of olive oil (an ounce) between meals t. i. d., and ene-

mas of a quart of warm water, throwing into the bowel first three to four ounces of olive oil so that it shall be carried well up by the water. We wish we could help you more definitely, but we have not enough facts to go upon, and these are very puzzling cases at best. Only the most painstaking examination would help one to decide upon the proper treatment.

Now, Doctor, as regards case No. 2, it is impossible for us to prescribe here again unless you give us some idea of the physical condition of the patient, especially of the pelvic organs. The remedies which would apply in one case certainly do not apply in the next. At what age did she menstruate first? How long were her courses regular? Has she suffered from any severe diseases? Did the menses stop suddenly or gradually? Is the uterus developed fully? Sometimes the cessation of menstruation occurs without any visible cause and treatment is absolutely unavailing. The writer knows of a case in which a woman twenty-eight years of age, who ceased menstruation since the birth of her child six years ago, is in perfect health and normal in every respect.

As regards the treatment of the alcohol habit, we have from time to time outlined the usual procedures followed by us in the CLINIC. The best immediate remedy for acute alcoholism is a hypodermic of apomorphine followed by a full dose of oil, or, if a drunken man will drink two ounces of oil (olive) or more he will usually sober up rapidly. Carbonate of ammonia has been highly recommended and we believe proves effective in very many cases, but unques-

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William Porter proposes a college course on tuberculosis including its limitation and ultimate extinction.—*Clinique*.

Many cases of tuberculosis have their beginning in a winter cough; creating a suitable soil for development.—Lillie, *Clinique*.

tionably the best thing to do is to instantly unload the system and we have time and time again "steadied a man up" by exhibiting apomorphine hypodermically producing free emesis and then giving aromatic spirit of ammonia, one dram in water every fifteen minutes for two or three doses. The alcohol habit can only be treated successfully when the patient is under the absolute control of a physician. Commence by "cleaning out" with 1-6 grain doses of calomel and podophyllin half-hourly for eight to ten doses. Three hours later give a saline. Repeat every twenty-four or forty-eight hours. Every four hours strychnine, gr. 1-67 (or even a larger dose), quassin and capsicin one, adding scutellarin and hydrastin three of the former, one of the latter every three hours. Give the man small doses of whisky at regular intervals for twenty-four or forty-eight hours and then tell him that the system is beginning to "clean out" and he will "begin to dislike the very smell of whisky." Now push small doses of atropine until the throat is dry, and pupils are dilated. Offer the patient whisky or his favorite beverage, taking care that it is well dosed with apomorphine. The patient will promptly eject it and you will impress upon him the fact that his system will no longer retain alcohol. If he is at all suspicious, institute a hypodermic treatment, giving the strychnine in this manner and after three or four doses make ready your syringe, substituting, however, apomorphine, gr. 1-10 for the strychnine. Tell the patient to send out and get whisky himself so he can be quite sure it is not doctored and about

the time he is ready to drink tell him you had better give him his regular shot. Give him the apomorphine and he will either not drink the whisky at all, or if he does, will promptly vomit it. In a few days the mere sight or smell of alcohol in any form will bring on nausea. Now, put the man upon the three arsenates with nuclein, feed him well, keep up elimination, meet symptoms as they arise and you will cure the case. Only in this way can the alcoholic be cured and then he must desire to remain cured or he will relapse.—ED.

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 QUERY 4915:—"Vicarious Menstruation." I have a case of vicarious menstruation to treat and the strange part of it is there is nothing in my library or in my hundreds of journals that gives any light on the subject. There are a thousand articles on amenorrhea and "suppression," but they are no good in this case. This girl is about fourteen years of age, strong and healthy, weight one hundred and ten pounds; feels perfectly well. About eight months ago she took ether and had her tonsils removed. Soon after that her periods came on for the first time, apparently regular as to the amount of flow, color all right, lasted about four days and passed off. Since that time has come a little short each month. For three or four days previous to her flow her face turns a scarlet color, eyes blood-shot, also neck is the same color; has a trifling discharge from the vagina and the color is hardly a stain. Then the nose commences to bleed, has a strong hemorrhage and in four or five days she is in a normal state. Her parents are afraid of apoplexy or epileptic fits or some other dangerous trouble. I would say farther that the pupil of the eye dilates very large at this especial time. Her bowels and kidneys are in very good

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Von Colditz has devised tonsillotome scissors for left side usable by the right hand of the operator.

Physicians assume grave responsibility who in complete bowel obstructions waste time giving purgatives.—Condon, *Med. Herald*.

condition. I gave her pulsatilla, atropine and aconitine and also prescribed adrenalin (1 to 1000) to snuff up the nose, but her mother dared not apply it. Also prescribed hot sitz-baths, gave ginger tea, hot foot baths, etc., all to no effect.

J. H. B., New York.

The literature upon vicarious menstruation is extremely limited. We have gone over our best works without finding anything worth while, and doubt whether anything striking has appeared in recent literature upon the subject. In the first place, no one seems to just understand the reason why every portion of the mucous membrane (and a great part of the skin) may be abnormally active at the menstrual period. The menstrual flow may appear (be excessive or nominal merely) and at the same time the hemorrhages, profuse sweating, mucous discharges or diarrhea may accompany the catamenia. Any one or a combination of these symptoms may take the place of the flow at regular twenty-eight-day intervals. If this is due to excessive nerve action, then it is fair to assume that the menstrual period must be in some manner a periodical nervous explosion. If we look upon the catamenial flow as merely a "primitive abortion"—a getting rid of the bed prepared for the ovum, which does not become fertilized, and a means of relief for the congestion which exists in the sub-epithelial capillaries, etc., it is hard to realize how any and every other excreting surface can be affected at definite periods in sympathy with or in place of the reproductive area. That a local process can produce local phenomena—or that the local disturbance may cause more or

less systemic sympathy—is understandable, but how a local process—unique in its character to the human (and in some simian) female can be vicarious passes comprehension. The whole matter of menstruation is, so far, beyond us; we have theories (from that advanced above to the evolution from the "rut") but they are theories only.

We must look to the nervous system if we are to find the solution of this physiological puzzle. We know that girls have conceived who have never menstruated (normally or vicariously); we are aware that after conception the true menstrual flow has occurred—not once but for several months. The supposed "menses" which have appeared throughout pregnancy cannot, in the light of present knowledge, be looked upon as genuine.

We are also aware that most cases of vicarious menstruation occur in those who cannot possibly have any powerful genital conception—young girls who are positively ignorant of the whole subject. Finally we may have one or more perfectly normal menstruations (proving the natural condition of ovaries, tubes and uterus), and then be confronted by vicarious menstruation in the form of nasal or other hemorrhages, sweats, diarrhea, etc. Without any apparent reason this condition may cease and the natural catamenia appear. Quite evident isn't it that a derangement of the nervous system which controls the mucosa of the generative organs may cause congestion (or excessive secretion) elsewhere, in lieu of the periodical stasis which Nature has arranged for? But what happens *in utero* at such times?

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For tonsillectomy in children with anæsthesia, Casselberry prefers the snare, drawing out tonsils with forceps.—J. A. M.

Of ten severe frontal sinus suppurations treated without external operation but one was cured.—Casselberry, *Laryngoscope*.

We can only suppose that the ovum would fail to find lodgment even if it encountered the spermatozoon and sought lodgment. In cases where there is some uterine flow the accompanying systemic disturbances or distant congestion may be looked upon as curious only; but when there is no local evidence of uterine receptivity but a distant engorgement and hemorrhage the matter becomes a serious and baffling problem. Can we really call such a hemorrhage "menstrual?" Can the girl or woman who has no uterine flux but nasal bleeding every twenty-eight days be said to have menstruated? Has the usual ovarian process been gone through? If so, why has not the uterus been prepared to receive it—and if it (or uterus and ovary together) is quiescent, why should some other part of the body simulate a unique generative function? We can only answer—nerve disturbance. And that is no answer at all. Begin three days before the next period and give this girl six granules of senecin and one of aloin every four hours while awake, until the flow is normally established; then smaller doses till it is over. If the first month fails, add next time apiol, five granules to each dose and repeat. For uterine pains give anemonin to effect. Report.—ED.

QUERY 4916:—"Posterior Urethritis." I have a couple of cases of deep urethral infection on hand. Is there anything that will cure "gleet?" If so, let me hear about it.

H. E. D., Texas.

"Gleet" is a word covering a multitude of conditions, and unless you de-

scribe the symptoms present, the amount of discharge (making an examination of the urine by the two-glass method), and carefully sound the urethra for hyperesthesia, ulcerated areas, stricture, etc., and report results, we shall be unable to help you. The treatment which will cure a gleet due to an eroded patch in the deep urethra would not of necessity be of any value if a fibrous stricture exists. Have you gonococci present still? How long has the disorder existed? Was there an anterior urethritis first? Has the patient pain on urinating or upon passage of sound? Finally, Doctor, have you an endoscope and irrigating apparatus? If so, irrigate and examine. Internally, pending the more careful consideration of this case, give formin compound, one tablet every three hours, hydrastin, gr. 1-6, eupurpurin, two granules, cubebin, two, every four hours, with a glass of barley water and, for two days, calcium sulphide, gr. 1-6, every two hours. Keep the bowels open with salines and irrigate the urethra daily with a 1 to 5000 permanganate solution.—ED.

QUERY 4917:—"A Typical Neurotic." I have a very peculiar case—a patient who is neurasthenic; nutrition is very poor and the vasomotor system seems to be running riot. Sweats profusely on the least exertion and the slightest draught of air causes the perspiration to dry up and skin to become cold and clammy. She has been in the habit of taking quinine for every condition. Also a "migraine" tablet containing principally acetanilid for headache. She is decidedly anemic, bowels regular, appetite and digestion fair.

G. B. M. H., Illinois.

Of 991 cases of pneumonia treated in Philadelphia hospitals 533 terminated fatally.—*Am. Jour. Med. Science.*

Rhus Poison: Clearing the bowels and keeping them clean will eliminate most cases with no other treatment.—Moody, *Med. W.*

Why not push nuclein and lecithin in this case? Suppose you send for examination a specimen of her urine, four ounces taken from the twenty-four hour output, at the same time stating the amount passed during that time. Give little food at a time and see that that is digested, and make some investigations as regards the clitoris and sphincter ani. Dilate the latter if necessary and release the clitoris if there are adhesions. Stop the quinine and acetanilid and give cactin and strychnine or cactin with the triple arsenates and gr. 1-6 of juglandin, quassin and hydrastin before meals. Another suggestion: Try a little capsicin for its stimulative action in these cases and for the nervous conditions, when they arise scutellarin three to four granules, and cyprripedin an equal quantity with a little hot water. Faradic current to spine; salt sponge baths, etc.—Ed.

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**QUERY 4918:**—"Neurasthenia: Action of Cyprripedin and Scutellarin." The case of neurasthenia reported has improved on nuclein and lecithin with cyprripedin and scutellarin, sumbul and elimination. I can get her "so far" and *there* she sticks. The chief difficulty now is the circulation. The pulse is slow and very weak. What will raise the pulse and hold it there? Brucine and cactin (used often enough) will make her "fly" almost wild; strychnine is out of the question. I cannot find enough information on cyprripedin and scutellarin in the Alkaloidal Therapeutics. Do they depress the circulation any? Since using them the circulation has been feeble and easily goes down. Has the elimination depleted the volume of blood? Salines and xanthoxylin have been used and continued for several weeks. I gave another patient, who had had thorough

elimination for eczema, calomel and iridin, calcium carbonate, saline laxatives and restricted drinking, with antiscorbutics, some scutellarin and she nearly fainted today, the pulse is so weak. Not having had any experience with them I thought they must be depressing, acting something like aconitine or veratrine by opening the blood channels. In regard to the first case, will cactin alone be sufficient? I have used five or six granules at a time three hours apart. Does quinine hydroferrocyanide depress the circulation? What would you advise for circulation in the neurasthenic case? Again, does lecithin depress any or nuclein and what are the symptoms of overaction if any? And how long may they be continued? Zinc phosphide depresses; will not lecithin?

L. W., Iowa.

Glad to know that you have improved the patient so far. Cyprripedin and scutellarin do not definitely depress the circulation. We suggest that you give cactin, two granules, and strychnine nitrate, gr. 1-67, every four hours and dosimetric trinity, two granules, morning, noon and night. You will find this medication gives you a strong, even circulation. Of course there may be some peculiar physical condition here with which we are unfamiliar. Make a very careful examination, especially looking for any change in the vessel walls or cardiac abnormality. You will find it a good plan to stop the entire list of medicines at present used for a week or two, giving the nervine, one granule every three hours, with two or three sulphur compound granules after meals; the cactin and strychnine as suggested above. In the case you speak of in which you gave calcium carbonate, we suggest that you stop this preparation for the time being

**Rhus Poison:** Sweet niter pure or with a volatile oil proved best application in epidemic of 1,800 cases.—Moody, *Med. World*.

**Pneumonia:** Don't over treat; do nothing unless indicated; treat patient; lobelia locally acts better than antiphiogistine.—Nash.



and give cactin and strychnine full doses for a few days. Always moderate your dosage to suit the patient and bear in mind that we have continually advocated the cessation of calcium carbonate after ten days or two weeks' exhibition. It should never be given for longer than this at a time, the colchicine with which it is combined, acting as a marked depressant. We think cactin and strychnine would be better than cactin alone in the above instance.

Quinine hydroferrocyanide proves the least depressant of the quinine salts. Remember that this drug lessens the number of leukocytes and decreases oxygenation; large doses sedate respiration and circulation while small doses stimulate. In some cases depression follows the primal stimulation. It is always well to give quinine in neurasthenic cases in combination with digitalin or strychnine.

Lecithin is not a depressant, neither is nuclein, although in some exceptional cases the heart action seems to be slightly affected. As a rule, however, stimulation is not needed. Lecithin produces no marked symptoms save an improvement in the condition of the patient. It supplies the necessary material for nerve repair, hence innervation is improved and the functions of the body become normal. There is a vast difference between zinc phosphide and lecithin: the latter being an animal product, such phosphorus as is present being in minute quantity and easily assimilated form. Lecithin should rarely be given in doses in excess of three tablets per diem. Six drops of nuclein per diem is a small dose. That quantity may be given twice or three times a day. The two should not be

given together for any length of time. Zinc phosphide is powerfully tonic. It is better to alternate them.—Ed.

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 QUERY 4919:—"A Peculiar Case of Frosted Feet." Child, aged eight, female. Supposed by parents to have "frosted feet." Condition: Raw surfaces, blue outlines, yellow pustules numerous, and every evidence of poor circulation and clogged sweat glands. Cleaned up with bichloride solution. Dressing: Dusting powder. Internally, arsenic, gr. 1-67, three granules per diem.

One month later: Condition excellent. In two more, signs of skin breaking down again. Great itching at night. Some swelling of toes, affection showing on top of toes. Very little tenderness. Treatment: Carbenzol applied freely after washing at night and again in morning (without washing feet). Internally, arsenic sulphide, gr. 1-67 three per diem and nuclein, one two-drop tablet before each meal. Have never succeeded in getting feet entirely cured up. Signs of breaking down again, now, with intense itching; no tenderness. No history of tuberculosis, good color, vigorous, active, secretions in good order. Rather an irritable disposition. Father formerly a very bad asthmatic, mother healthy and normal.

E. N. R., Wyoming.

This is a peculiar case and evidences either a local infection or constitutional taint—probably both. First and foremost, doctor, examine urine: rectify any abnormalities there. Keep up free elimination and maintain an aseptic intestine. Give echinacea every four hours; with the arsenates of iron, quinine and strychnine with nuclein after food and laxative granules an hour later. Morning, noon and night give cactin. For one week only calcium sulphide, gr.

Never boil tea or infuse it over five minutes or the tannin will be extracted with the desirable elements.

Alkaline water usually precipitates the alkaloids from a drug and acids increase the bitterness.—Mundy.

1-6, every two hours. Cleanse the part thoroughly with pure hydrogen peroxide, getting into any pus pockets or cavities. Wash off with creolin solution, then with warm water. With a camel-hair brush touch all raw or affected surfaces with turpentine (Merck), dust with dolomol-ichthyol or bismuth-formic-iodide (Mulford) and cover with gauze. Dress daily. As soon as all pus has gone push nuclein and dress parts (now granulating or healing) with resin cerate. No shoes should be worn for a week or ten days; have the dressing light and cool. Soak feet before dressing (for first few days) in a weak solution of formalin. Soak feet in the formalin solution, dry and apply carbenzol, then cover with gauze. To prevent future trouble, when fully healed apply the dermal antiseptic or a good talcum powder plentifully inside the stockings.—Ed.

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**QUERY 4920:**—"An Obscure Neurosis." Patient well preserved, large, female, married, one daughter eleven years old. Every appearance of perfect health. Complaints of pains, worse at night in arms and legs, no swelling or redness, no itching. Appetite and bowels all right, heart and lungs same. Have tried various general tonics and nerve tonics so called. No pelvic trouble apparent. Static electricity has had no effect so far. Backache at times, climacteric eighteen months ago. Urine shows nothing. Present trouble began one year ago.

V. H. W., Minnesota.

There is some obscure cause for this and we doubt very much whether remedial measures will avail until it is discovered. You do not state the age of the patient, i. e., whether the climacteric was

delayed or premature, neither do you give us any idea as to her condition during that period. This is a neurosis probably. Try the reflexes carefully and send us a specimen of urine, four ounces from the entire amount passed in twenty-four hours, carefully stating amount passed. We shall from this be able to judge metabolic conditions, the proportions of solids excreted being very important here. Does the pain come on at any specific time? Is it worse at night or in cold weather? What is the pulse rate at such time and generally? Any arteriosclerosis? Heart sounds normal? Are you sure that there is no displacement and that the apex beat is in natural position? Despite your statement that there is no pelvic trouble apparent let us urge you to make another minute examination both of the rectum and vagina. Look especially for retroversion, erosions of the os, polypi or internal hemorrhoids. Think also of fissure of the anus. A thorough dilation of the sphincter ani may prove wonderfully efficacious. Medicinally we would recommend macrotin, two granules, bryomin, one, and rhus tox one every four hours with boldine two, xanthoxylin two every three hours. Have the legs and arms well massaged and rubbed with an Epsom Salt solution, hot morning and night. Dry and rub in methyl salicylate.—Don't forget syphilis.—Ed.

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**QUERY 4921:**—"Diabetes, Autotoxemia or Cirrhosis of Liver?" Patient has been ailing for about eighteen months, always complaining of dizziness and oppression in the upper part of the chest, worse after rising in the morning. During the afternoon she is some better so that dizziness is about gone. Back, in

Lloyd says the trackless poison described in Stringtown is a reality suppressed on account of its dangerous nature.

Scopolamine-morphine anesthesia: In this matter toleration has gone too far—treacherous and dangerous.—*N. Y. Med. Jour.*

the region of the kidneys and lower, would begin to ache early in the morning before rising. I made several urinary examinations and about six months ago found considerable sugar present in one specimen. I changed the diet and put her on arsenauro, arbutin and bioplasm (alk.) which caused her to gain flesh (she had been losing before and was quite spare) until at present she weighs more than ever before. Arsenauro was discontinued after two months' treatment as it disagreed decidedly with the stomach. Then I put the patient on strontium lactate and, for a while, her dizziness was gone. Now for a month past I have been unable to detect any sugar.

About a week ago she was suddenly seized with severe chills with dyspnea, and numbness of both hands and feet. This condition lasted for an hour, leaving severe dizziness behind. She has had similar attacks every day since then, but not so severe. At present she is on bioplasm, aspidospermine, and sodium bicarb. Now can you tell from the above whether these attacks were seizures of diabetic coma or not? Her heart could not have caused it, as everything is normal. She is dizzy even when lying down. Has appearance of good health. Amount of urine passed in twenty-four hours is about 45 to 50 ounces. It used to be more. It has always varied—being very small in quantity on some days (32 ounces) and very large on other days (80 ounces).

S. F. S., Illinois.

The vertigo is probably due to too close deprivation of carbohydrates. Let her have potatoes in moderation. The specimen of urine sent us was free from sugar, albumin and bile. Keep the bowels aseptic and give plenty of water. Examine the urine often and see how much carbohydrates she can take without glycosuria following. Do not be in a hurry to alter a successful treatment

—which does not mean to continue it too long after the trouble has subsided. The French "diabetes" combination should be useful here.—Ed.

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QUERY 4922:—"Sulphocarbolates and—Sulphocarbolates?" I think you deserve all the prosperity you enjoy. Was surprised and pleased with results which we obtained with your sulphocarbolates last summer. We had some that did not give satisfaction; had about concluded the sulphocarbolates were no good when we tried Abbott's. Used several thousand last summer and were well pleased with results.

G. W. M., Colorado.

We note with particular interest your remarks relative to the sulphocarbolates. Just such experience has been the lot of many scores of physicians and we have, from time to time, pointed out that the sulphocarbolates usually offered to the doctor are worse than useless. The company you speak of makes a claim of using only the best material and we believe that they honestly attempt to give the physician the best obtainable, but the sulphocarbolates on the market as a rule are not fit for exhibition to human beings. They may do in veterinary practice—although we would not like to use them even there! Abbott's sulphocarbolates are C. P. and prepared by a special process for them. You may be quite sure that good results will invariably follow their exhibition and, in cases where there is extreme irritability of the gastric mucosa, the zinc salt can be omitted and the calcium or sodium salts pushed in full doses.—Ed.

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QUERY 4923:—"Catarrh—General—with Streptococcic Infection." Patient,

Though we have few specifics for diseases we have many for symptoms; we are in control of general manifestations.—N. Y. M. J.

Everybody wants somebody else to think for him; but there are some things only understood by seeing.—Cooma-Sami.

eighteen years old, average strength. For three years she has awaked at night and found her mouth filled with a discharge such as I send you. No cough or history of cough except at the time she had *la grippe* last winter. This discharge comes without cough as though possibly it came from stomach. The mucus was not colored at first. One year and a half ago menses were slight and dark colored. Took some treatment for four months. Her mother gave her a salt bath every night for that time. Menses were re-established, the last time soiling four napkins thoroughly. Just before menses this discharge becomes somewhat aggravated; works in an office down-town, is tired at night. At times cheerful, again despondent. No history of tuberculosis in family. Sputum examined by two physicians who obtained negative results. I can detect no lesion. For the last week has complained of a feeling like a load in her stomach. During day may spit once or twice just a little. I examined throat and found small vegetations posteriorly. Applied electric cautery, no effect on discharge; was treated two years ago by a nose and throat specialist with no benefit. I send also a sample bottle of urine. The mother is very much worried and if I can't help, my treatment will be numbered with the other inactive treatments given before. Temperature normal, pulse seventy-eight, no night sweats, good appetite, no history of losing flesh. In cases of chronic posterior nasal pharyngitis it is common to have mucus hawked from throat once daily or less often. I cannot, however, from examination by reflected light, find evidences in this space that explain this young woman's trouble. I send sample to find what part of organ secretes it, to find if there are any evidences of tuberculosis, third to find if pus exists, fourth to obtain letter of advice as to treatment, etc.

G. H. F., S. Dakota.

The report of our pathologist has gone forward to you. As you will note, pus cells are abundant in this sputum. Albumin in urine; it is unfortunate that you did not send us two ounces from the whole twenty-four hour output, stating amount passed, so that we might have formed some idea as to excretion of solids, etc. This is not a tubercular case, but it is *catarrhal* and *infected*. The treatment can be made a brilliant success if you will make them "stick" and do what you tell them to do.

First and foremost, CLEAN OUT! Calomel and iridin one, juglandin one, half-hourly for four doses every third night and salithia, one level teaspoonful, the next morning on awakening. Hydrastin one, chimaphilin two, xanthoxylin two between meals. Immediately prior to eating one digestive granule and, after food, three sulphur comp. Have the nose and fauces washed out night and morning with a weak solution\* of Alphozone—about 1-1000—and let the girl swallow some. Use the goose-neck douche—not an atomizer—and then flush every accessible part with a solution made by adding one each menthol comp. and vaginal antiseptic tablet to twelve-sixteen ounces of water. After two weeks drop the sulphur comp. and give the triple arsenates with nuclein, two three times a day, and two of the antitubercular of our list. The first two days of treatment (after the "clean out") give her *hourly* one granule calcium sulphide. Then drop it and run along as above.—ED.

QUERY 4924:—"The *Pons Asinorum* Once Crossed, the Road is Clear." I was occupied with a critical case that re-

The thicket is thick enough to hide a man from everything but a creditor, an evil conscience and an outraged lover.—Epstein.

The greatness of simplicity is one thing; the complexity of greatness is another.—Laotze.

quired my presence day and night, finally compelling me to call in assistance, which I did in the person of Dr. H——, our leading surgeon. He commended my treatment so far as it went with the alkaloids, but on further conversation I found he was bitterly opposed to them. He finally admitted there was some good things among them. He illustrated thus: "Put a teaspoonful of the extract of any medicine into the source of a creek, and go to its mouth and catch a pint of the solution and give a teaspoonful of it half-hourly to a patient and it would do as much good as so much sawdust." I give you this illustration, simple and childish as it is, to give you an idea of the opposition I will have to contend with in taking up this new departure. What can one say to such a man? But, as old Brer Remus would say, in his fox and rabbit story I am "laying low" waiting for the time to come when I will be able to demonstrate the fallacy of old theories. To get out of the old rut into paths of success and prosperity with the new is going to be hard work with me on account of the opposition of others of the fraternity—and the druggists in particular—for you know, that when *they* speak ill of a physician their word goes a long way, especially in a small town like this. Nevertheless I have commenced and will continue in spite of long faces and sour looks. I have already met with success beyond my expectations in the use of the few alkaloids I have received. I say a few because I find there are many more I could make good use of if I had them. But as regards this I will have to go slow until I am better posted.

W. G. M., Tennessee.

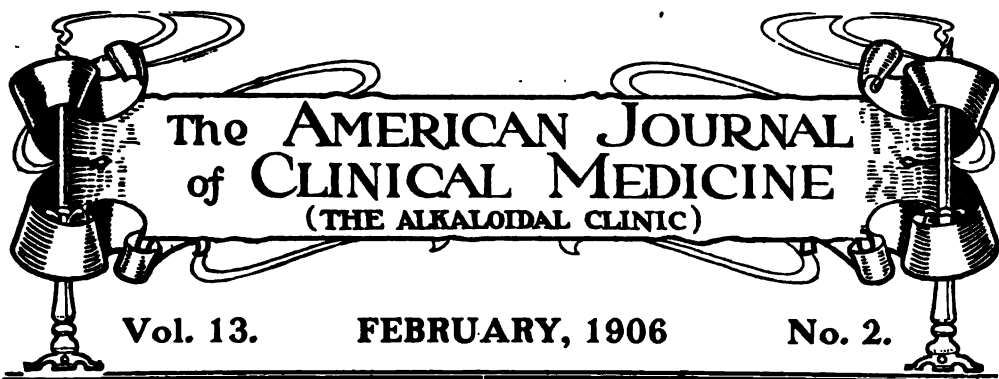
Dr. H——'s illustration is certainly inapt, as regards Alkalometry, though it covers the other side of the story beautifully. The "teaspoonful of extract" represents the *active* proportion

of the fluid extract or tincture and the balance, alcohol or other menstruum, very nicely represents "the creek." Now, when you pour out a teaspoonful of the ordinary galenical fluid mixture it is very much like going to the mouth of the creek and dipping up some of the water. There certainly will be some of the "medicine" (active principle) in it, but *how* much, who can say? The alkaloid, however, given in a certain dose very closely resembles the constant drip, drip, drip of water, which, as you know, finally "wears away the stone." The hardest rock will ultimately be perforated by the drops striking steadily in one place just as the most rebellious pathological condition will finally yield to the *small dose* of *positive* medication *constantly* repeated.

Do not let these fellows spring these absurdities on you and go away thinking they have confounded you, Doctor. Turn the gun on them and give them a dose of their own persiflage. Nothing is more delightful than to get one of these peculiar gentlemen to eat up a couple of granules of glonoin and watch them suddenly change expression—see their eyes stick out, so to speak. Then is the time to point the moral and ask them, whether, after all, the small dose of something effective is not better than a jumble of fluid messes which *may* act one way and *may* not act at all! Go right along, Doctor, using the active principles according to the Alkalometric rule and just as sure as you do this so surely you will win the practice in your locality. Get others over the *Pons Asinorum* and they will trot along the Dosimetric road gleefully to success.—Ed.

With a small stomach and a big chest a man may live a long time—Laotze. That's tough on some of us.

With a gentle heart and much adaptability a man may wear out successive generations.—Laotze.



### A SUCCESSFUL TREATMENT FOR EPILEPSY.

**E**LSEWHERE (See Leading Articles) will be found outlined a treatment for epilepsy which has by a somewhat extended clinical test, proved remarkably effective. Built as it is to a great extent upon the idea we have so long and earnestly advanced, the removal from the body of such toxic matter as already exists and the prevention of its further formation by securing normal metabolic activity, we naturally feel that once again active-principle medication has proven itself preeminently the remedial method of medication.

Epilepsy, from time immemorial, has baffled the physician; the best minds have failed to devise means for its cure because, heretofore, the underlying condition has not received attention. Clinicians have attempted to treat a disease in its manifestation instead of attacking the original cause.

Upon reading the article in question, which is directly along the line of our own experience, one is struck by the extreme simplicity of the treatment—the rational selection of the right remedy for the condition present. It seems almost preposterous that no one has succeeded in “putting two and two together” so simply and plainly before, but after all, the physician cannot successfully

treat an unknown condition and only recently have we become fairly familiar with that complex substance, lecithin.

As our physiological knowledge increases so our capacity for controlling pathological complications becomes enhanced; and the positive therapist of the future will no more think of exhibiting a drug without knowing just why he gives it and what its effect will be upon the system (or any particular selective part thereof) than the chemist would add an unknown substance to a formula, expecting a definite result.

Epilepsy has served to baffle physician, surgeon and charlatan alike for the simple reason that none knew why the seizures should occur at intervals without any apparent cause or premonitory symptoms of bodily disturbance. That the introduction into the body of certain toxic substances would be followed by muscular spasm and loss of consciousness was known, and it was also understood that abnormal excitation of the brain or nerve centers would produce epileptiform convulsions..

The possibility of the production in the body (and by natural processes) of a toxic leucomain capable of producing, when present in sufficient quantity, the typical epileptic symptoms was not considered. The metabolic processes were

an impenetrable mystery and as long as this veil obscured the sight of Science the physician had, of necessity, to treat the disease empirically.

Just this limitation has caused medicine to "halt," while surgery, dealing with a visible definite entity, has made much gigantic strides; and the knowledge that he labored under this limitation has of late caused the earnest clinician to spend long hours in the laboratory and urge on both chemist and physiologist to greater efforts.

The era of Scientific Medicine has at last dawned and, with a clearer insight into the vital processes, the therapist is enabled to exhibit the right remedy for an abnormal condition as surely as the engineer can repair a break in his intricate machinery.

That the probable cause of such a fell disease as epilepsy should be finally discovered is cause for gratification and that, divested of its mystery, the disorder should prove of a comparatively simple nature and amenable to well-understood methods of treatment, is even more satisfactory; but CLINIC readers will probably take most pride in the fact that it has remained for one of their number to "make plain the way" and to active-principle therapy to provide the definitely acting remedial agents to relieve and cure a hitherto obdurate and definite pathological condition!

Time alone will reveal the full efficacy of the treatment. The word "epilepsy" embraces widely-differing conditions and even with our present knowledge we are, of course, and ever shall be, unable to restore tissues which have changed or renew cells which have become atrophied. The old epileptic, with his im-

paired mentality, can hardly be benefited, much less cured, but we have before us the possible power of putting an end to the disease in its very beginning, or of staying its ravages before the damage has become irreparable.

Moreover, as we have repeatedly pointed out, there can be no "royal road" to the cure of any disorder, for the simple reason that the conditions which prevail in one case are absent in the next; but, once we know what we have to deal with, we shall find the means which have before proved effective just as efficient again. Certain modifications may be needed (Were this not the case the physician would soon become but a machine, measuring out and exhibiting the remedies he has been taught are to be given in certain cases.) and results may be longer delayed in one case than in another; but, as a whole, the intelligent physician with this knowledge before him will be able to treat his cases of epilepsy with success—something which hitherto was practically impossible.

Experience may prove that there are better remedies than those now suggested; so much the better, for, if with these agents we can obtain the results which have been secured, with superior weapons we shall be able to drive the foe from the field to stay.

We cannot leave the subject without again calling attention to the fact that the whole basis of successful treatment rests upon a knowledge of the cause of the disease. To be good therapists we must be good physiologists, and before we give a dose of medicine we must

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Nothing is so weak and yielding as water and yet nothing is so strong for breaking down.—Laotze.

Where we find it impossible to advance an inch we may always retire a foot.—Laotze. And how much easier!

know just why we do so and what we expect to accomplish.

We know at last the conditions which when present in the body cause the group of symptoms we call epilepsy; our knowledge of the physiological action of drugs enables us to select the remedies which will restore normal equilibrium. The matter of exact dosage and individual treatment must rest now and always with the physician himself.

That the bromide treatment, which merely obtunds nerve sensibility, is a failure we all must admit; that the treatment outlined in this issue is successful in a great majority of cases (of a truth in *every one* thus far presented) is a fact that is worthy of your most careful attention. We have been personally engaged with the author in these studies and know whereof we speak.

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#### TO WHOM DOES THE PRESCRIPTION BELONG?

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We have had occasion, many times, to voice our sentiments on the subject of "the ownership of the prescription." It is our emphatic opinion that it is an order *by* the doctor *to* the pharmacist to do so and so *for him* in the interest of his patient, who pays the doctor a fee for his knowledge and advice, and the pharmacist for what he dispenses; the order being for this time and occasion only, and is to remain *in trust* in the hands of the pharmacist, accessible to *himself and the doctor only*, as evidence of what the doctor ordered and what he, the pharmacist, dispensed.

Legal rulings are not always right and law is not always justice, and unless this

matter is soon settled as it should be we shall make a test case of the point and see what good, unbiased law has to say on this subject.

Meanwhile, we advise that you see to it that your druggist is not so anxious for the dollar as to abuse your confidence in this respect—returning the prescription to your patient, as some do; giving a copy on request, as many do; or repeating without your order, as most do; none of which any should do. To do either, any or all is unfair, unjust, unethical; and the doing of these and kindred things is what is forcing the doctor, in self-preservation, to dispense for himself.

A large retail pharmacist, in one of our principal cities, recently told the writer, as an evidence of business acumen, that they had a record of over a million prescriptions, *the original of every one of which had been returned to the patient*, and that they were constantly being refilled, not only at his pharmacy but all over the world; a simple prescription for bromide and water having that day been returned for refilling that was several years old, and that had traveled from country to country more than to go around the world—belonging to a bromide habitué no doubt.

This was told by an honest, earnest business man, a real pharmacist, but for this one fault—*he does not protect the doctor*; and by this unfair, unethical practice he has not only unthinkingly taken out of the pockets of the medical profession thousands of dollars in legitimate fees, but has, undoubtedly, though unconsciously, made numerous drug fiends, who are traveling about the world as worse than useless, or infesting our

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The net of Heaven has large meshes and yet nothing escapes it; it may be spread about us for our preservation.—Laotze.

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For one to usurp the office of the great Executioner is like a novice cutting out the work of a great architect.—Laotze.



almshouses and asylums, an unfortunate, pitiable evidence of the blind error of this vicious system.

Whether it is technically legal or not to give copies, to return the prescription, or to refill, it is manifestly unfair to the doctor; and it is up to you, Brother, to find out whether or not your pharmacist is doing the same thing, and if so whether he will reform or not. If foolish, self-drugging laity, short-sighted, unethical pharmacy, and anarchistic law cannot settle this question on the side of justice, the doctor can. Personally we have too good an opinion of the pharmaceutical profession and the drug trade to believe that this state of affairs will long continue to exist after its vicious consequences have been clearly pointed out, and are really understood, for the pharmacist himself will take a hand, as he should, *and stop it*.

We repeat: The evil is a serious one. It affects the patient injuriously. It affects the doctor most seriously. It must be rooted out and killed at all hazards.

Let us make up our minds to accomplish the work during the year 1906.

#### A PHYSICIAN ON PHYSICIANS.

The following quotations from Osler appeared in an editorial in the *Chicago Inter Ocean*, Thursday, December 21st:

Man has an inborn craving for medicine. Heroic dosings for several generations have given his tissues a thirst for drugs. As I once before remarked, the desire to take medicine is one feature which distinguishes man, the animal, from his fellow creatures. It is really one of the most serious difficulties with which we [medical doctors] have to contend. Even in minor ail-

ments which would yield to dieting or to simple home remedies the doctor's visit is not thought to be complete without the prescription.

And now that the pharmacists have cloaked even the most nauseous remedies, the temptation is to use medicine on every occasion; and I fear that we may return to the state of polypharmacy, the emancipation from which has been the sole gift of Hahnemann and his followers to the race.

As the public becomes more enlightened, and as we get more sense, dosing will be recognized as a very minor function in the practice of medicine in comparison with the old method of the Asclepiades.

The peril is that, should he cease to think for himself, he becomes a mere automaton, doing a penny-in-the-slot business which places him on a level with the chemist's clerk who can hand out specifics for every ill.

It may seem like sacrilege to some of our readers for us to question the wisdom of anything uttered by Dr. Osler. But we should remember the wise saying of good Thomas a' Kempis: "Mark not who said this or that, but mark what is spoken." This is sound philosophy, yet, unfortunately, the converse of the ancient counsel seems more important in this day and age of the world. People are not so much concerned with the truth of a saying as they are with the importance and reputation of the speaker. It does seem to make a difference whether a statement emanates from an alleged great teacher of medicine—a theoretical practitioner or from an active, though less renowned clinician, though he may have successfully treated hundreds of sick people where the "great man" has treated one. Not that the prerogative of individual

To know one's ignorance is the best part of knowledge; to be ignorant of such knowledge is a disease.—Loatze.

To obtain the best results in Colles' fracture the patient should be anesthetized during reduction.—*Int. Jour. Surg.*

judgment is in any manner restricted. Even the wisest of men may fail to appeal to private opinion, and, in any case, truth is the highest desideratum; yet so established is the world's estimate of alleged great men that we must, perforce, or, at least do, accept without question the sayings of men who happen to be in the full glare of the limelight.

Not long ago Dr. Osler made the statement that no man past forty years of age ever did anything great, etc. How his remarks should be seized upon with such avidity and spread all over the world in a day, is a beautiful study in psychology. Ten years ago the author of the "Old Settler" stories, who had become a pauper, put the same remarks into print about men of fifty, and it never made a ripple in the popular mind. Why should Osler stir us up so? If we might learn the secret of it we should be able to move the world at will in any direction. Perhaps that is why we can't learn it! It wouldn't do. In the words of Emerson, "A single will, a million deeds," is apparently believed to be good enough for us in the present state of our wisdom.

We say unhesitatingly, Dr. Osler has done an immense amount of harm. Men in the prime of life have abandoned hope and ceased to struggle in the battle of life because of what Osler said. What are the facts? History recounts how many of the greatest things in the world have been accomplished by men past sixty, even. The accumulation of years counts affirmatively and not negatively with respect to the ability of men past forty to do things worth while.

Dr. Osler has done medicine an incalculable amount of harm by his marked

therapeutic nihilism. It is true that people have been drugged too much. It is also true that certain drugs have been of incalculable benefit to mankind. Dr. Osler is not fair. He does not tell "the truth, the *whole* truth, and nothing but the truth." The result is, thousands of doctors are abandoning all treatment of disease other than surgical, to the great detriment of the people and the medical profession alike.

Ask any doctor, a doctor who has practised medicine, if there isn't virtue in mercury and potassium iodide in syphilis; quinine in malaria, arsenic in chorea, pernicious anemia and many chronic skin diseases. The value of antitoxins and of thyroid extract is vouched for by thousands of as careful observers as Dr. Osler. It is true there are comparatively few specifics for diseases like mercury in syphilis, quinine in malaria, antitoxin in diphtheria, etc., but there are many drugs by the proper administration of which we can avert the tendency to death, relieve pain and suffering, assist in the restoration of tissues and organs which are the seat of special pathologic changes, hasten the elimination from the body of poisonous waste products, in a word, aid Nature in her attempt to relieve the sufferings of our patients.

We can strengthen the power of the heart and allay for the time being dangerous symptoms of failure of compensation by the administration of such cardiac stimulants and tonics as digitalin, strophanthin, strychnine, ammonia, etc., We can decrease the work of the heart by dilating the vessels with the nitrites, aconitine, veratrine, etc. The respiratory mechanism can be stimulated with

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In operating on alcoholics remember low vitality of tissues; even moderate applications of heat may cause sloughing.—I. J. S.

Uterine fibromata are frequently transformed into malignant growths; remember this in prognosis and treatment.—I. J. S.

atropine and strychnine, and oxygen. In perilous dyspnea resulting from paroxysmal obstruction immediate relief can be obtained by the nitrites.

We can influence decidedly the inflamed mucous membrane of the bladder and radically change the character of the urine with certain drugs. We can modify a local vascular condition and increase secretion in the neighborhood of an inflamed part. We can increase or lessen peristaltic action, improve appetite and aid digestion. We can stimulate or depress the cardiac muscle, paralyze the involuntary muscle fibers directly with the nitrites, or indirectly by chloral hydrate, which depress the functions of the vasomotor center. We can stimulate or depress various secretory glands. We can depress the functions of the motor nerve endings with coniine, and the sensory nerve endings with aconitine; the functions of certain parts of the brain and spinal cord can be increased or decreased by such drugs as chloral, atropine, physostigmine, strychnine, etc. We can produce sleep, and relieve pain; overcome constipation and check diarrhea; produce diuresis or diaphoresis with drugs. We can contract the uterine muscle and check hemorrhage from that organ with ergot. We could go on citing many more things we could do with medicines to help people suffering from disease or accident, things that are familiar to every bedside doctor who has not been Oslerized.

It is time to call a halt on Oslerism. We desire not theory, but fact, and in the crucible of the latest scientific thought all things—dreams and assorted realizations—are tested as never before,

and the best test of all is bedside experience. Thousands of earnest doctors know that drugs are of value when intelligently given, Dr. Osler notwithstanding. And let us have the courage to say so, and help to overcome this much to be deplored tendency towards therapeutic nihilism.

Perhaps the most rational attitude to assume in this eventful epoch of medical history lies midway between the extremes of skepticism and confidence. But Osler—Well, it wouldn't be an Osler theory if it didn't run counter to the generally-accepted beliefs of mankind.

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#### BACK TO NATURE?

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Somewhere there is usually to be found a group of fanatics who advocate what they term "going back to nature." Their ideas of this are generally too grotesque to command wide support. But under another form the same idea is widely prevalent. The conservative principle, the attachment to the old because it is old and familiar, the opposition to "new-fangled" ideas, is so universal that it may be considered one of the primary instincts of the human mind.

The earliest recorded illustration of this spirit is perhaps to be found in the story of Cain, who as a tiller of the soil is looked upon as a degenerate and innovator, beside Abel who adheres to the traditional occupation of a herdsman. Even so the Bedouin today looks with contempt on the Arab who has deserted the tents of his race and settled in the town. So late as the Captivity this spirit retained such force as to induce the introduction of the Sabbatical Year in the Hebrew code, during which the people

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Among fractures of the carpal bones the scaphoid is the most liable to be involved; often overlooked.—*Int. Jour. Surg.*

Pleural inflammations so often tuberculous that it is well to treat all these cases as if actually tuberculous.—*Int. Jour. Surg.*

were supposed to leave the earth lying fallow and dwell in their tents.

The apostle of modern Naturism was Rousseau, the great 18th century "infidel," whose name was only uttered with bated breath by subsequent generations. Curiously enough, the daring opponent of Christianity based his whole system of thought on a fundamentally orthodox theologic conception, that of the fall of man from a state of pristine innocence. The golden age as represented by the untutored savage, unspoiled by civilization, formed the foundation for the whole luxuriant growth of post-Rousseau literature, and Chateaubriand, Marmontel, St. Pierre and many another exhausted their imaginations, depicting a state of things which, though it never was or could have existed in reality, was yet accepted as true by the entire world—and by none more than by those who thought they were opponents of the Christian religion.

The golden age lies ever ahead of us, not back. We hold the hopeful, optimistic view that sees with all his derelictions and shortcomings, his devolutional lapses, a real and steady improvement in man; a slow approximation toward an ever-brightening ideal. To deny this is to give up all that has been achieved since man first tried to better himself or his circumstances, to deny God and hand the world over to the unopposed devil, to prefer the Congo pygmy to Harvard, to adopt Tolstoi's despairing conclusion that the human experiment has gone far enough and might as well be ended at once. It is the desertion of the helpful, hopeful teachings of Jesus for the pessimism of the East, which sees in Nirvana its ideal, a theory

that has weighed like an incubus on the eastern branch of our Aryan stock and prostrated it under the feet of every invader who has held a more energetic faith.

Rarely does a year pass without seeing the outbreak of some manifestation of this anti-Christian, mythologic theory. Now we are asked to forswear the results of Eve's confession and eschew clothes; now to cut loose from the consequences of Prometheus' theft and bolt our food raw—even to deny Father Adam and confine our food to vegetables—some curious mental divagation establishing a moral turpitude to the taking of animal life that does not accrue to the destruction of vegetable vitality. And in the masses of humanity there exists always a substratum of belief in that golden age theory that gives each successive "reformer" a certain following.

It is by no means among the ignorant or ill-developed that this exists. Mystery has a curious fascination for the greatest thinkers. Scott had a tendency to the superstitious that was only held in check by the refusal of his audience to tolerate it. Among the devotees of spiritualism are many of the great men of our day. Silks rustle and diamonds flash in the fortune teller's den. Flammarion wrote no other work with quite the relish he gave his book on the Unknown World. The finished scholar who has exhausted the sources of science turns with avidity to the nebulous shapes that flit just beyond our limit of clear vision.

The particular manifestation of this spirit with which we have to find fault may be denominated Lloydism, from its most distinguished exponent. John Uri

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Nasal tampon for hemorrhage: Wind cotton around penholder and squeeze dry after moistening; then insert and wet; will swell.

With the advent of the new century there appears to be a reawakening on the part of the medical profession.—J. A. M. A.

Lloyd, the great chemist, the author, whose fame has long since transcended the narrow bounds of the medical sect in which he thinks he has confined himself, holds to that phase of naturism that sees in a plant as a whole a therapeutic entity, and objects to disturbing the combinations in it as formed in Nature's laboratory. This idea we propose to examine.

Let us commence with the question, why does the alkaloid exist in the plant—for its own purposes and needs or for those of man? In making use of the plant as a medicine we are adapting it to a use for which it was not primarily intended. We use wool as clothing, but we are not compelled to wear sheepskins. Is a wrong on nature perpetrated when we break up her combinations in the ores and extract the metals, separating them so that we may utilize the qualities pertaining to each?

In every department of human work this differentiation is done, save only that of medicine. In every department of human activity the work has progressed until a true science has developed, save only that of medicine. We alone cling to the superstitions and uncertainties of the middle ages, while the world of thought and action has swept so far beyond us that we are looked on with contempt, our claims to a place among the sciences derided—because just such sturdy obstructionists stand in the way.

Lloyd is a master mind. Of his books *Etidorhpa* represents the work of his earlier years with the results of maturity engrafted upon it. In *Stringtown on the Pike* he presented a great conception, a remarkable study of men and conditions

as seen by the author. Mercilessly he vivisects his characters; with sure hand paints his pictures; inexorably character and belief, opinion, suppositious knowledge and faith therein, work out their inevitable results. The rugged strength of the portrayal arrested the attention of even the casual novel devourer, and the book attained a vogue that spoke well for the discernment of the public—for it was not pleasant reading—it was too terribly true. The same characteristics appeared in *Warwick of the Knobs*, but even more marked. We barely managed to read *Sienkewicz* to a finish—and his scene was laid in another land, many centuries ago, when and where the sensorium of man was sated with atrocities. This was too close home—it was here and today; and as the certain consequences of the preliminaries became evident we laid down the book unfinished. The power of the writer dominated us; we shut our eyes against the gruesome picture—because we knew it was true. The wheel revolves; cause follows effect; the Fates remorselessly cut the thread of life; Death follows relentlessly on our tracks; but—not yet! Let us still play in the bright sunlight a little space, still keep from under the dark shadow of his wings.

And this is exactly what Lloyd does to his own work; he clings to a formula of his earlier years, shuts his eyes against the truth and shelters himself in the delusions of mysticism and sophistry. He adheres to the whole plant conception without trying to uphold it by argument—just closes his ears and eyes against the evidence.

Plant remedies consist of active and inactive elements. Surely no one will

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The antiquated textbooks of ten years ago are now supporting the pernicious practices of an army of physicians.—*J. A. M. A.*

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Hutchinson's hereditary syphilis triad—interstitial keratitis, cupped incisor teeth, and deafness.

contend that the effects are due to inactive matters! We exclude them—so does Lloyd. There remains a group of active principles. Lloyd says, give them all, just as they appear in the plant; don't disturb nature's combinations. We say, these principles were not assembled by the plant for our purposes but for its own uses; and the two are not necessarily or even probably identical. We find that these same active principles exist in varying proportions and exert various actions, sometimes absolutely antagonistic to each other. So does Lloyd—and in some instances he manages to exclude the principles that antagonize the ones he desires, as with hydrastis, and practically fractionates the natural product into its components—but he will not acknowledge this to be a desirable or necessary process and only adopts it when he can not help himself. We adopt it whenever it leads to greater accuracy in fitting remedies to the treatment of disease conditions.

We open new paths to human endeavor. If there exists in coca another active principle besides cocaine, we ask the chemist to isolate it and let us test its powers, and put it to use. Lloyd would for its unknown values use as medicine the crude coca, containing an uncertain quantity of cocaine, a whole lot of encumbering dirt, and an uncertain quantity of an unknown element of unknown powers—and for the sake of these would project it into the already obscure proposition presented by the case. We say, better let nature alone than ignorantly interfere.

But when we have remedial agents of known powers, when we see in our cases conditions we know these remedies will

correct, we apply them with confidence. This is practising medicine with the eyes open—it is true science, based on definite knowledge. Just as you admit the element of chance you lose from the ideal and retrogress. The art of medicine has developed to the degree that admits of such scientific applications, and it is high time the entire medical profession awoke to the fact. As long as they persist in depending on chance there is no opportunity for further advance.

This is why we prefer the alkaloids to the normal and specific tinctures. The latter are uncertain in composition and in powers; they can only be regulated by gauging according to some one of the active principles, and adding it or menstruum until the standard strength is attained. This means that a certain dose will exert the effects of so much alkaloid—why bother with the accompanying matter then, instead of giving the desired alkaloid itself?

Why, says Lloyd, for the sake of the accompanying principles. What are these, and what do they do? We may know—usually we don't. If we do, we may need their respective powers or not. We've got to give them anyhow if they accompany the principal alkaloid. If we don't know what they are capable of doing we have to run the chances.

The alkaloidist adds any one or more of these secondary principles he desires or leaves them out, as the case demands. He has therefore all the possibilities the tincture man possesses, without the necessity of giving them whether he wants or no. If he does use them, he puts in just as much as he wishes—Lloyd never knows how much his tincture contains of any principle—or what of the un-

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Brinkmann observed absorption of pneumonic exudate in three days after bowels are brought to a normal state.

Pneumonia: Brinkmann ascribes special significance to distention of stomach and intestines. (Empty and disinfect.)

known may possibly be found in it.

The reports upon his preparations from the field can never be quite trustworthy, as based on varying preparations; while those on the alkaloids are so uniform that they form the firmest basis for practice as yet offered. We are therefore not surprised to find Lloyd, like Hahnemann, driven to infinitesimalism, and prescribing a few drops or a fraction of a drop of remedies that exert but slight actions even in potential doses. Uncertainty ever paralyzes the hand of the prescriber and reduces him to impotence.

Specific and normal tinctures are good, and mark an advance in pharmacy—as and because they approximate the alkaloids.

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#### A ROUNDER.

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In many of the monthly medical journals the reader may find a contribution from Pitts Edwin Howes, a Hubbite, entitled, *Superiority of Liquid Medicines over Alkaloids*. Dr. Howes is a graduate of the Eclectic College at Cincinnati, and presumably his reflections are based on a comparison of the alkaloids with the specific tinctures.

With his exordium we have no fault to find—assuredly “physiology plays a large part in the practice of the successful medical man.” The same can not be said, however, of sophistry, as will be shown.

He tells us that liquids are more promptly absorbed than solids. Will he tell us how the latter are absorbed at all if not first reduced to solution? Also why there is a difference in favor of a liquid in a bottle and a solid dissolved

as needed in a cup? The assumption that alkaloids are expected to be absorbed into the blood in the solid form is too silly to be noticed, were it not presented as a legitimate argument to the presumably intelligent readers of the journals publishing the “rounder.”

“The action of the liquids is more gentle because they are as a rule less powerful than the alkaloids.” On what does the strength depend if not on the presence of these same alkaloids in the specific tincture?

That the latter are weaker is simply an admission of their inferiority. Gentleness of action is a matter of dosage, and there is absolutely no difference in an alkaloid dissolved in alcohol and then in water, and the same alkaloid dissolved directly in the water. The attempt to establish such a distinction betokens a contempt for the reader's mental capacity that is astounding. But this is not all—“the soothing effect of liquid medication will aid materially in producing a more lasting relief!” Tackle that proposition for us, dear reader, and when the mists clear away, tell us what lofty pinnacles of thought are visible.

Now we come to a real argument—“the liquids contain *all* the plant constituents, combined in Nature's own way.”

Nature chooses to combine quite a lot of the alkaloids with tannin, in such proportions as to render them practically inert, because insoluble; she smothers arbutin in tannin, and hyoscyne in atropine, so as to render the use of either as a remedy impossible; in fact, she regulates the plant physiology for the sake of the plant and not for a suppositious human being who is to be created some millions of years later. The idea is pos-

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Some men are queer! Heber Jones, presented with \$10,000 by Memphis, immediately starts a new medical college! Try us.

The germs of *uncinariasis* enter the body through the feet, yet intestinal anthelmintics cure the disease.

sibly poetic, probably superstitious, certainly not common-sense, or proved by any testimony ever offered in behalf of it. It is one of those dexterous assumptions that appeals to the ignorance and mystery-love of those who accept things without examination. If we are wrong, we are ready to be convinced. Bring on your arguments.

The practical difficulties of the maker of extracts are described, and the causes of variability in the strength of the product set forth; the uselessness of tinctures made from fluid extracts is mentioned, and the admission made that the physician must specify the manufacturer if he desires to know what he is giving—and yet this is a plea for the “fluid” preparation! The deterioration of the fluids, the change in strength from evaporation, are not mentioned.

The next point is paralyzing—the rapid absorption of fluids by the blood prevents the accumulation sometimes resulting from alkaloids, which cause many deaths. A little while ago he was teaching that slow absorption of fluids insured gentle action, but here he changes sides with acrobatic agility. Why, oh why, should an alkaloid cause cumulation if not administered in alcohol? We are unable to reply to this argument—it has totally eluded our grasp and vanishes into thin air when we try to corner it.

For one small crumb we render thanks—he acknowledges that an alkaloid *may* be administered in solution—in hypodermics—but he hastens to qualify the damaging admission by asking “who would want to limit his practice to hypodermics?” No one could possibly drop that same solution on the tongue. We

fear brother Howes is deficient in imagination.

“The alkaloids represent but a part of the plant. Who would be rash enough to assert that all the good of cinchona lies in the quinine, or of nux in strychnine?” Only about nineteen-twentieths of the medical profession; and not one hundredth would attempt to secure from the crude plants the benefits obtainable from these two alkaloids. Imagine giving the equivalent of 75 grains of quinine, for pneumonia, in Peruvian bark! Or securing physiologic equilibrium with any tincture of nux any pharmacist happened to send you! He might have found much better examples for his argument, which is fairly applicable in the case of some plants, of which no satisfactory active principle has yet been isolated. *We* are fair; we seek Truth, not to establish a mercantile interest, a hobby or a hypothesis. Hence we do not hesitate to acknowledge when there is a legitimate argument against us, or an exception to our rule.

Again, Howes quotes the early experience of the eclectics with “alkaloids,” which they found unsatisfactory—some of them—and returned to the fluids. This was a fight between Lloyd and Keith, and each dominated a portion of the sect, Lloyd the largest. The “alkaloids” of that early day were simply alcoholic extracts, of which podophyllin, euonymin, leptandrin, hydrastin, and a few others have survived and are still employed in eclectic and regular practice, with advantage. To class them with the modern alkaloids and glucosides is ridiculous. The latter and their clinical applications have been developed since

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Tuberculosis is frequently aborted; why not typhoid fever? When by medication we aid the system to conquer?—Hemenway.

A Life Insurance Medical Director wants examiners against being bribed by division of the agent's fees.—*Med. Exam. and Pract.*



and independently of the early eclectics.

Dr. Howes says there are fewer therapeutic nihilists among the eclectics than any other school; and attributes this to their use of "liquid medicines." He does his colleagues a gross injustice. Their optimism is due to the fact that while we have been devoting *all* our attention to pathology and diagnosis, they have devoted nearly all theirs to drug treatment; and they have had a large assortment of good preparations made from native plants by skilled manufacturing chemists, and have studied the effects of these at the bedside. The early eclectics administered their doses in the form of hot bulky decoctions, and obtained from this method certain advantages and greater disadvantages; the moderns have almost entirely dropped this method, so we presume they have found it inadvisable. Their writings display the benefits of such clinical studies and the disadvantages accruing to their neglect of pathology. Give credit where due and neither blindly praise nor decry.

In conclusion Dr. Howes admits the value of alkaloids but limits their applicability within much narrower lines than their advocates claim. Possibly the best evidence on any therapeutic agent comes from those who have made the most extensive trials with it. But altogether we have to thank the writer for his presentment of his case against the alkaloids. He started to write them down—in someone's interest, but just who is securing the wide publication of the paper we neither know nor care. But it certainly speaks well for the alkaloids

if he can make out against them no stronger case than the one before us.

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#### ADVERTISING ETHICS—PRO AND CON.

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Some time ago we wrote to an advertiser asking for the formula of the preparation he was promoting. He replied that he had withdrawn his formula from publication, because he found that the physicians using the preparation would not adhere strictly to it, but modified it in practice, adding to or subtracting from it as they deemed best in each of their cases. We refused to publish the advertisement without the formula, and are out \$1000 a year in consequence.

It's worth it. We would rather have that tribute to the independence of the American Doctor than jingle that thousand in our pockets, even now, when so many of our dollars have gone up in smoke. Good man! He is perfectly willing to hear what the man has to say, and to give his ideas and his medicine a trial; but as to the suitability of the combination for each case, the Doctor is *THE DOCTOR*, and it is for him to say whether any modification is needed or not. In other words, he refuses to accept the prescription as an entity and a panacea, but insists on his own privilege of modification, according to his own judgment. Good man! We are proud of him.

Here's another question: A physician writes to us that he gave an infant weighing 9 1-2 lbs. half a tablet of Waugh's infant anodyne, and the child died of what a consultant insisted was codeine poisoning.

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Brewery employees are almost impervious to drugs and if sick seriously it generally fetches them.—Phelps, *Med. Summary*.

Johns in the *Summary* calls attention to the importance of spinal tenderness and the symptoms resulting from it.

Half a tablet of infant's anodyne should contain gr. 1-134 of codeine; and this for a child of the weight stated would about equal gr. 1-8 for an adult weighing 150 lbs. Codeine is variously estimated at from 1-2 to 1-4 the strength of morphine. Taking the highest estimate, the dose given would approximately equal in therapeutic efficacy gr. 1-16 of morphine. So far as our reading has gone, the smallest dose of morphine that has even been known to cause the death of an adult was gr. 1-8, in the case of a man far advanced in nephritis. As no such malady could be presumed in a newborn infant we may put that out of the question and say positively that the codeine could not have been the cause of death—provided the tablets were properly compounded and contained exactly the quantity called for by the formula. But just here is the difficulty—the tablets were not made under the deviser's control, and as the deviser of the formula has no control or influence over the manufacture of the tablets that were used, he can not be held in any way responsible for ill effects resulting therefrom.

Ethics demands that we as physicians make public any formula we advocate; and the claim of the medical profession upon us is just, and has always been recognized by the writer. But in making our formulas free to the medical profession we also make them free to the manufacturing chemists, who have no such claim upon us, but who avail themselves of this publicity in the freest possible manner.

When the ingredients of a prescription are the very best, purest and costliest to be obtained in the market, their

strength tested by competent chemists, the masses thoroughly mixed and divided with the most mathematic exactitude by skilled and experienced chemists, and the deviser of a formula knows this to be the fact, he can guarantee the effects of the preparation to be what he expects. This the writer *knows* to be the case with preparations from the laboratories which he can influence.

If the ingredients may be purchased as the cheapest in the market, and if they may be compounded by cheap labor—three-dollar-a-week children as against thirty-dollar chemists—the product of tablets *may* present the same certainty as to strength and uniformity—but we don't *know* it.

We are not saying that the tablets used in the above case were or were not equal to any one brand; we simply say we do not know it; and can not be held responsible for faults that may exist, which we are unable to influence.

In this case, as there was neither contraction of the pupil nor slowing of respiration, we can not see that the codeine could have had anything to do with the death; but must look for it to the malady that caused the uncontrollable crying.

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#### THE DANGER OF CRUDE ACONITE AND ITS PREPARATIONS.

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In the *New York Medical Journal* for December 23, we find the following interesting note. At a meeting of the Société de Thérapeutique, Oct. 25, 1905, Dr. Chevalier stated that a specimen of aconite, growing in North America, in Canada and the United States had been examined by him and found to contain the altogether exceptional

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Roughing it among the dry foothills of the Rockies' malarial plasmodia acquire unwonted hardihood.—Boynton, *Summary*.

Calcalith is a wonderful thing in rheumatism. Externally guaiacol-salicylic acid mixture rubbed into joints.—Sour, *Med Sum*.

quantity in each kilogram of 3.78 grams of crystallizable aconitine and 5.80 grams of amorphous aconitine (having the characters of japaconitine). Ordinarily, the proportion is 2 to 5 grams of total alkaloids in each kilogram. The extract prepared after the method of the Codex contained 50 milligrams of alkaloids in each gram or just double the normal quantity. The root presented no unusual appearance; in all points morphologically it resembled that of the official *Aconitum napellus*. The danger of using a drug like this to make the galenical preparations is evident. In the discussion of this communication, Dr. Bardet said that he also had observed great differences in the activity of aconite, according to the place and altitude from which it was obtained.

#### CRUDE DRUGS VARY IN STRENGTH

In the *Apothecary* for December, there is an article by Prof. A. R. L. Dohme, member of the Committee of the Revision of the United States Pharmacopeia, entitled: "How Drugs Vary in Strength and Quality." In this article Prof. Dohme deals with the variations which drugs present from year to year. He gives the figures for seven years and the figures are, in each case, the average of assays of many samples of drugs (varying from 5 to 50) made during the entire year. He says: "From a long experience with the study and assay of drugs, I have gathered some few facts which I will present below to show how Nature does not, by any means, always produce for our use drugs of uniform or good quality." [We knew that long ago.—Ed.] We present below a few of the figures:

Drugs.	1901	1902	1903	1904	1905
	p. c.	p. c.	p. c.	p. c.	p. c.
Digitalis.....	0.25	0.275	0.23	0.3	0.3
Hyoscyamus...	0.14	0.12	0.14	0.09	0.15
Belladonna lf..	0.46	0.44	0.46	0.46	0.455
Belladonna rt..	0.68	0.5	0.59	0.56	0.54
Ipecac, Rio ..	2.3	2.4	2.7	2.60	
			2.2		
			2.4		
Ipecac Cartha-					
gena .. ....	2.86	2.90	2.24		
Hydrastis.....	3.1			2.3	2.3
Spr. ....	3.6	3.2	3.3		
Ergot .....	0.20	0.20	0.25	0.32	0.12
Strophanthus..	2.1	2.2	2.3	3.0	
Kombe					
Strophanthus..			3.18	3.60	
Hispidus					
Nux Vomica..	2.6	2.65	2.9	2.2	2.40
Aconite rt ...		0.92	.53	0.75	0.75
Pomegranate					
Bk .....	0.62	0.50	0.48		
Jaborandi ....	0.72	0.28	1.1	1.2	1.2
Guarana .....	3.85	3.75	4.02	4.18	4.00
Cinchona ether					
sol. alk. ....	7.1	5.8	6.8	6.4	6.2
Cinchona, red					
ttl. alk. ....	6.85	6.2	6.05	6.3	6.2
Cocoa .....	0.80	0.72	1.	1.02	0.98
Colchicum					
Seed .....	0.56	0.54	0.6	0.6	0.53
Jalap .....	8.6	8.4	7.1	6.7	6.2

Mind you, these figures represent the average of a number of samples for the entire year so that one might expect uniformity, but still the variation is quite considerable. The doctor interprets his findings as an argument in favor of standardizing the drugs and the galenical preparations. Good. He would be still more correct, however, if his logic led him a step further and he advised the use of the never-varying, if honestly prepared, active principles themselves.

#### CULTIVATION OF HYDRASTIS.

In Bulletin No. 51, Bureau of Plant Industry, U. S. Department of Agriculture, attention is called to the cultivation of hydrastis as a promising addition to the resources of the farmer. This plant is found from New York to Minnesota,

The obligation to professional secrecy remains as imperative as ever; details of application need readjustment.—Millican.

If football will not purge itself of brutality public opinion will not tolerate it much longer.—Millican, *St. Louis Med. Review*.

south to Georgia and Missouri, ascending to an altitude of 2,500 feet in Virginia. It occurs in patches in high open woods, where there is plenty of leaf mold, but not in very moist or swampy land, prairies, or in sterile soil. It frequents hillsides or bluffs affording natural drainage. It belongs to the buttercup family, the Ranunculaceæ.

The methods of cultivation closely resemble those employed with ginseng. The rhizomes can be harvested the second year. Shade is essential. The plant is propagated by division of the rhizomes, or by planting the buds forming on the larger roots; the seeds are little if at all viable. The increase in the number of plants in two years was 275 per cent. The yield from the Department's plats equalled about 1,500 lbs. of marketable root per acre.

Since 1894 the price of hydrastis root in the New York market has varied between 17 cents and \$1.50 per lb. Since 1899 it has never been below 43 cents, and since Feb., 1904, has but once fallen below \$1.00. It seems unlikely that this drug will ever again be purchasable at the low prices of the last decade. Its uses are rapidly increasing since the differentiation of its alkaloids has been made, while the supply of the wild plant has grown for years more scanty, as the field is restricted by its extirpation at the hands of improvident collectors. The high price has also led to its collection in the spring, when the yield of alkaloids is low, and more of the root is thus required. The uses of these alkaloids are infinitely more important to the modern scientific therapist than those of ginseng; so that a glut of the market from overproduction is hardly likely.

A crop worth \$1,500 an acre is worth cultivating. It is better to raise that much from an acre, even with equal labor and expense, than \$100 an acre from 15 acres, since the cost of the land is that much less. An acre may be tended by one's self or family when 15 acres would require hired help and animals. There is nothing in a hydrastis field attractive to the tramp or the small boy, as would be the case with a fruit or melon patch. Such enterprises come in handily as side lines for the doctor who has unused time at his disposal, where a little plot of ground is accessible at reasonable prices.

#### THE FORMATES: TRY THEM!

Narine uses sodium formate in cancer and tuberculosis. It is markedly diuretic, restricts albuminuria, increases the output of urea, but does not alter that of uric acid, lessens acidity, and affects metabolism favorably, being quite harmless also. It increases the number of red blood corpuscles and the amount of hemoglobin, but after a certain dose has been exceeded this action reverses.

Stern also recommended formic acid for these and other maladies in his paper before the Therapeutic Section at Portland. It is worth investigation. Clement and Huchard testify to the power of formic acid as a muscular tonic; imparting to the taker a sense of increased strength and vigor. The tired feeling departs and the idea of muscular activity becomes distinctly agreeable. The ability to withstand heat and cold and to enjoy exposure to them is increased. Other things being unaltered—diet, etc.—a man taking formic acid will feel no fatigue after doing his usual

It were good that men in their innovations would follow the example of time itself which innovateth greatly but quietly.—Bacon.

Hyperchlorhydria of weak, flabby, nervous cases; nux vomica pushed to full physiologic effect.—Musser, *Ther. Gazette*.

daily stunt. Huchard found the muscular strength, as registered by Mosso's ergograph, rose markedly after the administration of sodium formate. His own power was thus more than tripled within six days while taking this drug. The dose of sodium formate is about a dram each twenty-four hours; that of the lithium salt one-third this quantity.

The writer recollects seeing the claim made that the conjurers' trick of growing a plant in a few hours or minutes was accomplished by adding formic acid to the earth in which the seed was planted; this acid it was asserted having marvelous powers in inducing such rapid growth as to be really visible. This was doubtless untrue, but there may be some slight effect to give rise to the story.

It is unwise to neglect anything that may have the power of influencing the development of cancer or tuberculosis. We do not yet know why these things are; we are not in position to assert that there is nothing in existence that has the power of so altering the soil as to render the further growth of such maladies impossible. The state of human knowledge rarely admits of positive statements as to the impossibility of anything. Couch employed formic acid hypodermically, using a 3 per cent solution in sterile water. Five to 8 drops injected in 10 or 15 points over the painful areas, in rheumatism, arthritis deformans and neuralgia. The pain necessitated the use of cocaine solutions preceding each insertion of the acid; a grave disadvantage in a malady notoriously apt to generate the cocaine and morphine habits. The results as reported were "marvelous," pain and inflammation in acute cases subsiding rapidly, and rarely requiring treatment more

than three days. If that man can cure arthritis deformans in three days he is a wonder. But we may as well try the means he advocates so warmly.

#### OBSOLETE WISDOM.

An editorial in the *Medical Review of Reviews* says: "A very successful practitioner of our acquaintance was in the habit of assuring his office students that 'if they never gave anything which would harm their patients they would succeed in practice,' and therein was conveyed a fundamental truth which will never be out of date."

The first duty of the physician, therefore, according to the editor, is to do nothing at all, as thereby he will assuredly not give anything that will do harm. What a despicable lot of doctors there must be in that vicinity if this be the "fundamental" truth to be inculcated. Does the doctor tell his patients that? Are they willing to pay him for "services" on that basis? If so they are more easily pleased than any we ever attended.

The above is a type of the detracting nasty slurs that are being hurled at us by quacks and others interested in lowering the regular profession in the eyes of the public—it is really too bad to hear it from one of ourselves. Speak for yourself, Brother, if you want to talk that way; but don't make any claim to speak for the rest of the profession. For the vast majority of American physicians it is a libel.

Moreover, if the man quoted himself (practised on that basis) we doubt if he could have been so "very successful" as the editor affirms. How could he be, if nonentity and pretense were the basis of his work?

Marmion gave address on Inducements offered by Navy to doctors. Clerk's salary, dog's quarters, Senn qualifications.

Adrenalin damages the kidneys so much that it must not be used as a remedy for hematurias.—Vaccari, *Políclínico*.

# LEADING ARTICLES

## EPILEPSY: SOME ESSENTIALS OF RATIONAL TREATMENT.

BY GEO. H. CANDLER, M. D.

**B**OOK after book has been written upon epilepsy and yet when we undertake to define the disease we find ourselves compelled to enter into a complicated description of what happens to the epileptic and finally, usually to quote some standard writer or text-book. Gould defines epilepsy as "a nervous affliction characterized by sudden loss of consciousness and power of motion with tonic and clonic convulsions; the paroxysms lasting a short time." This does not well express the condition even and conveys little idea of the disease itself.

Echeverria takes more words to do it but gives us a more lucid description of what epilepsy is. He says: "Epilepsy is a disease constituted by sudden paroxysms excited upon a direct reflex action of the medulla oblongata in a condition of exalted irritability, coincident with sudden depression in the cerebral circulation and with the loss of consciousness, with or without muscular spasms."

This is hardly satisfactory, for while we gather therefrom the idea that owing to some cause the brain becomes affected and motor and sensory disturbances follow, we do not find any enlightenment as to the how or why. Spratling, the most recent writer on epilepsy, after quoting the above and other writers says: "Epilepsy is a disease or disorder affecting the brain, characterized by recurrent paroxysms which are abrupt in appearance, variable in dura-

tion—but generally short—and in which there is an impairment or loss of consciousness together with an impairment or loss of motor coördination *with* or *without* convulsions."

It is evident, then, that an epileptic seizure will present these phenomena: (1) Disturbed or lost consciousness, the condition coming on either without any warning and instantly, or with but a fleeting stage of blackness or vertigo, the whole being transitory in character; (2) loss or impairment of motor coördination usually sudden in form and transitory in character; (3) convulsions, immediately accompanying or more slowly following either of the above conditions or the two combined. The convulsive feature, however, may be lacking.

In any true epileptic attack there must be pathological changes in motility and consciousness. There are modified forms of the disease in which the patient seems to have periods of "vacancy," "darkness" or "forgetfulness," during which there may be little if any physical disturbance. Such conditions may last a moment or two or continue for days. Other epileptics will pass suddenly and with a single cry from a normal condition into a state of violent convulsion without entirely losing, for a moment, their knowledge of passing events. These patients remember later to some extent what was done for them and, less rarely, what they did.

Spratling points out that the minds of

these patients seldom become impaired or show signs of abnormality during the intervals between paroxysms and suggests that sooner or later we shall be able to differentiate them from epilepsy proper as "epileptiform" or "epileptoid."

The possibility, still remains, however, that such cases may gradually assume the true epileptic type and, coincidentally, the epileptic mentality. Whether the epileptic seizure or "fit" is caused by a diseased condition of the brain itself, or the brain deterioration is due to the constant recurrence of the abnormal conditions which cause and accompany the attack is a matter which is unsettled. The fact that the most brilliant genius may, in his brightest moments, be suddenly seized with a violent epileptic fit (presenting all the horrible symptoms of the malady) and yet be again, within a few hours, mentally equal to any of his fellows, would tend to prove that the origin of epilepsy is outside the brain.

That those who suffer from the disease in its more marked form become mentally and physically "warped" is hardly to be wondered at, neither is it difficult to understand that the epileptic is likely to bestow upon his offspring the physical condition which will cause epileptic seizures to manifest themselves upon slight provocation.

#### EPILEPSY A TOXEMIA.

It would be impossible to here present fully the reasons why it is probable that epilepsy is distinctly a manifestation of some systemic toxemia. It is, however, generally allowed that any treatment directed against the epileptic condition itself is foredoomed to failure. On the contrary we are well aware that convul-

sions and other phenomena of a distinctly epileptic character may be put an end to by some very simple remedial measure, such as the dilatation of a constricted sphincter ani, removal of a tight foreskin, liberation of an adherent clitoris, the removal of worms, correction of gastric or ocular disorders, etc., etc.

We are also familiar with the fact that epilepsy very often begins during the period of "teething;" it also occasionally follows severe cases of the exanthemata, diphtheria, etc. Fright or shock may originate the condition. It is more than possible that any irritation, central or peripheral, if long continued, may create such pathologic conditions that convulsions will follow, and these may later become distinctly epileptic in type.

All convulsions are not epileptic, it is true, and every epileptic seizure is not accompanied by convulsive features; but it is rare for the individual to have convulsions long and escape epilepsy. The fact that epileptic seizures occur at intervals—sometimes of months—and that between the attacks the patient may enjoy excellent health, proves that the mælic conditions which cause the train of symptoms accompanying the epileptic attack are not constant.

The abnormality of function or disorder in the metabolic processes may, it is true, exist steadily in a minor degree but it is only when the system becomes overburdened with toxic matter or the irritation reaches a climax that the explosion takes place. Is it not extremely probable that some error in the body chemistry may cause the nervous system to be supplied with a toxic substance (such as cholin) instead of the lecithin which is present in the medullated

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For sweating feet apply daily baths of pot. permang., 1 per cent up to 15 per cent, 15 minutes' duration, without rinsing; warm.

The battle against puerperal infection is won by an adequate system of asepsis and antiseptics.—Holmes, *N. Y. M. J.*

sheaths and from which cholin can be split off?

We are not yet sufficiently familiar with the processes which go on in the human body to be able to say just how or where certain effete products are formed; neither are we able to explain the exact methods by which the nerve fibers are constantly renewed, notwithstanding the strain they are subjected to, but we do know that *any* marked metabolic disturbance affects the nervous system profoundly and we are also cognizant of the fact, that prior to an epileptic seizure the urine shows an almost complete absence of uric acid. Perhaps, when the chemistry of the urine and feces is better understood, and when we are able to understand the processes which produce nuclein and lecithin, we may be able to isolate and label the toxin which, produced under certain abnormal conditions, enters the nervous system and sets up the epileptic condition.

The fact that trauma may cause epileptic attacks does not in any way weaken this possibility. Pressure upon the brain or an important nerve trunk acts as (1) a paralyzing agent and, (2) as an irritant. Hence even severe bruising would cause congestion and it is quite probable that in the process of absorption some irritant is produced. Direct pressure (as of a bone fragment upon the brain itself) would mechanically cause either irritation or paralysis and might also set up the condition necessary for the production of toxic material.

Briefly the argument is this: If in the normal human system there is formed such a complex body as lecithin and if

this substance is essential to natural nerve repair and growth (being supplied to the nerve fibers from the medullated sheaths) is it not quite possible that in certain abnormal conditions this ordinarily nutritive and reparative substance should be improperly constituted and either act upon the nervous system as a direct irritant or, by being deficient in some vital particular, set up pathological conditions in the nerve fibers which finally reach a climax and are manifested by the epileptic storm?

There can be no question but that depression of the renal nerves causes not alone a decrease in the amount of blood passing through the glomeruli but also a diminution of secretory activity in the epithelium. Similar nerve disturbances affect hepatic action and limit or change the secretions of that organ. Given, then, an initial nerve disturbance (shock, fright, trauma or even the irritation caused by abnormal blood constituents) it is easy to see how various metabolic processes may become deranged and the resultant product be instead of nutritive or reparative, toxic and destructive in action.

Chemists appreciate the immense difference the addition or subtraction of even one molecule of water may make in a substance. How derogatory, then, may be the changes which take place in the chemistry of the living body when effete matter which should be separated from the blood-stream goes back again to form new compounds which, later, in their turn, may set up irritation or inflammatory conditions. Thus a simple nervous shock may suffice to set up a vicious circle which will end in supplying the nerves toxic instead of nutritive

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Saline purges, ergot, hydrastis, etc., remove much danger and need for active therapy in puerperal infection.—Holmes, *N. Y. M. J.*

The dangers of anesthesia from magnesium sulphate come only from the respiration; heart and pulse remain normal.



material. The exciting cause may be slight.

A thorough and unbiased consideration of the subject will lead any clinician to the conclusion that we shall find the *fons et origo* of epilepsy in deranged metabolism, the probable cause being the production of a toxin which exerts an irritant action, causing the motor centers in the brain to manifest "explosions" of energy.

#### THE VARIETIES OF EPILEPSY USUALLY SEEN.

*Idiopathic epilepsy* is that form which cannot be accounted for by either organic disease, reflex irritation or morbid states of the blood, etc.

*Jacksonian or cortical epilepsy* consists of limited convulsive motions present in a few muscles or constantly having origin in a certain group (one leg or arm). Consciousness as a rule is unimpaired. This form may lapse into the more severe type:

*Grand Mal*.—The worst form of the disease or "great sickness." Here the patient falls to the ground suddenly—usually as if thrown; consciousness is lost and motor coördination destroyed.

*Petit Mal* (little sickness).—A milder form and that usually first experienced. The patient need not lose consciousness or motor coördination. Though there is invariably some muscular involvement (localized or general) the patient may not fall or exhibit a convulsed aspect. Frequent attacks of *petit mal* are apt to bring about the more severe type. However, cures of this form of the disease are not uncommon. *Grand mal*, on the contrary, once fairly established, rarely yields to any treatment.

*Psychic Epilepsy*.—It is questionable whether this condition should be counted

as epileptic. Here the mind alone is affected there being a temporary lapse of memory or loss of the *ego*. The attack may last a few seconds or be prolonged for weeks and, during the seizure, the patient may perform correctly the most complicated duties or act in a manner entirely unlike himself. Many crimes are committed by patients of this class and most of the temporary or total "disappearances" are due to sudden attacks of "psychic epilepsy."

This classification is, as will be noted, entirely based upon the symptomatology and as the general practitioner does not as a rule attempt to treat complicated or obscure brain or nervous diseases, it will probably suffice. The Dictionary of Psychological Medicine gives thirty-eight varieties of epilepsy: abortive, gastric, acute, intestinal, alcoholic, masked, nocturnal, etc., etc. This is really confusing, for the qualifying term simply expresses the cause and in no way differentiates between *grand* and *petit mal* and, after all, these are the two main forms of the malady.

It is interesting here to note that as far back as 1870 Echeverria wrote: "Epilepsy is not a morbid entity existing by itself but a manifestation of *manifold derangements disturbing the nervous system*, giving rise to definite inseparable conditions—immediate cause of the convulsive paroxysm—that remain the same whatever the origin of epilepsy. No other malady exhibits a wider range of its etiology. There is scarcely a disease affecting the human frame in which epileptiform convulsions might not happen as an accident or essential phenomenon."

In fact, we may turn from writer to

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A desperate case of tetanus was cured by magnesium sulphate intraspinaly; at the Roosevelt Hospital.—Meltzer.

*Myalgia*: When this follows injury the internal administration of small doses of arnica has resulted favorably.

writer and fail to find any real information as to what epilepsy is, though the perusal of their work will impress upon us the enormous range of pathologic conditions which underlie its various forms.

Its hereditary origin is insisted upon by many authors. That the condition (or tendency to epilepsy) is due to some nerve or other degenerative disease in the parent more frequently than to any other cause is generally accepted, as also is the fact that fully 80 per cent of all cases begin before the twentieth year.

Here modern writers have found a basis for another classification. In brief it is as follows: *Infantile inherited*; direct inheritance from either parent; indirect, alcoholism, insanity, etc., in either parent. In either class the epileptic seizure may come on either after some exciting cause or without any apparent incitation. *Infantile Accidental*. Birth accidents, the specific fevers, dentition, emotional shock, etc. *Infantile Traumatic*. Mechanical injuries affecting the integrity of vital structures—brain, nerves, etc., with reflex convulsions in the beginning. *Infantile Idiopathic*. All cases in which we fail to discover any of the above causes.

In childhood and early life we have Accidental, Traumatic, Developmental and Idiopathic Epilepsy. "Developmental" embraces all that great class of cases which appear about the time of puberty. Delayed hereditary cases may fall under this head, the stress of metabolic changes at this time acting as exciting cause.

In adult life we have (1) *Accidental* and (2) *Toxic Epilepsy*. The first embraces all cases due to syphilis, the in-

fectious fevers, ovarian, uterine or sexual irritations; the second, alcoholic, intestinal toxemia, lead and other chemical poisoning. Traumatic and idiopathic epilepsy are the same here as in childhood; and finally we can list *Senile Epilepsy* which embraces those cases which come on after the fortieth year and are due to degenerative changes—especially those of the vascular system.

From the above it will be seen that nearly any derangement (inherited or acquired) which affects metabolism or the nervous system may either set up epilepsy itself or reflex convulsions which will (if unchecked) finally degenerate into the more severe disease.

Among the chief causes of epilepsy in the adult are alcoholism, cocaineism, great anxiety, trauma (injuries to the head and severe crushing injuries), syphilis (through the brain lesions it sets up), gastric disorders, intestinal parasites and, in women, menstrual disorders and engorgements of the pelvic organs.

The period of puberty is, however, the most favorable time for the appearance of epilepsy. If the child of epileptic parents passes through dentition and puberty without any sign of the disease it is usually safe, though it is possible for childbirth or any of the causes mentioned above to bring on a seizure. One attack markedly predisposes to another and it is essential that any treatment be instituted early.

In women the attacks often present during the menstrual period; they are apt to cease entirely during pregnancy and lactation. On the other hand pregnancy may initiate the malady. A case is reported in which the woman had her first seizure during the second pregnancy

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**Myalgia:** For chronics, with general bruised feeling, macrotin, gr. 1-6 to 1-2 every one-half hour in hot water till better.

**Myalgia:** Acute forms, severe pain, gel-semnine a granule in hot water every half-hour till relief or drooping of eyelids.

and continued to have distinct attacks of *grand mal* during each succeeding term, from quickening till about a month after delivery.

In infancy the convulsions which attend teething may be epileptic in character from the first or the ordinary type may be repeated and gradually assume the true epileptic nature. Such attacks may cease after dentition to be renewed at puberty. In fact the child who has had one epileptic seizure can never be considered as safe from further manifestation of the disease. Rachitis may be the primal cause of epilepsy. If therefore we prevent rachitis we can prevent epilepsy from developing, in a certain percentage of cases.

It should be remembered also that epilepsy in the infant may be associated with hemiplegia, the convulsions being confined to one side often. The first attack in such cases may be severe, convulsion after convulsion taking place for hours. Organic disease of the cortex is supposed to be the cause. Meningeal hemorrhage caused by difficult labor, may also cause epilepsy.

#### THE SYMPTOMATOLOGY.

In *grand mal*, *haut mal* or major epilepsy the symptoms are so distinctive as to preclude error in diagnosis.

The patient may suddenly utter a moan, a sharp cry or give vent to a "roar" and simultaneously fall to the ground. Frequently it seems as though he were hurled to the earth by some irresistible force. At other times he merely throws up his hands as though grasping at something and falls prone—often upon his face. That consciousness is lost instantly is proven by the frequent cases in which the

epileptic falls into fire or water or on to moving machinery. In fact wherever he may be, there, on the instant, he falls convulsed.

At first the body is rigid (tonic spasm) but later jerking commences (clonic stage). If the surface is flat on which the epileptic falls the legs will be found extended, the head deviated and the eyes turned up or to one side. The arms may be stiffly extended or be twisted into any position with fists clinched. The teeth are firmly locked and it is difficult to pry open the jaws. Frequently the tongue is severely bitten.

The face, early, is pale, later it becomes red and finally livid or blotched and swollen. In the clonic stage the jaws may open and clinch again and it is then that tongue injury is most to be feared. Froth often appears on the lips and this may be tinged with blood from injuries to the buccal mucosa or tongue.

In some cases the spasms take on a writhing character, the patient twisting and turning or rolling over and over in the dust but in other cases the limbs are drawn up and shot out with great force. The patient sometimes becomes opisthotonic, resting on heels and back of head or may assume exactly the reverse position. If held or opposed the spasms become more violent and it frequently takes several able bodied men to control a not remarkably robust male patient.

The pupils are widely dilated, and the breathing irregular and stertorous or sighing and whistling. Often the sphincters relax and the bladder and bowel empty themselves. Hence the old Roman name of "the filthy disease." Both tonic and clonic spasms may exist but

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**Myalgia:** Muscular weakness and soreness following overexertion relieved by cocaine; better by veratrine; just enough.

**Myalgia:** Acute attacks following exposure to cold may be aborted by a sweat from pilocarpine, gr. 1-6 or more.

a few minutes and the patient then lies quiet in a semi-comatose condition, finally awakening entirely unaware that anything has occurred. He will, however, complain of pains in the legs and arms due to the severe spasms.

Vomiting may accompany or follow the fit and various degrees of mental derangement may (or may not) persist for some time after the seizure. It is well to remember that in *all* cases of *grand mal*—whether there be preliminary symptoms or not—there are three distinct periods: (1) tonic convulsions; (2) clonic convulsions; (3) period of coma with stertor.

The convulsion may begin in any part of the body (usually the arm or leg), the eyes are always involved, the face cyanosed—sometimes almost to the degree of blackness, and the reflexes are abolished. The “epileptic cry” is not always uttered though in some form it usually is apparent. It may be due to either the disturbance of the speech center, or to the spasmodic contraction of the chest muscles which causes the air to rush through the vocal cords.

*Petit Mal* presents a much less distressing picture. The muscular disturbance is infinitely less; the invasion is not so sudden and the mind does not become affected to the same degree. The patient recovers his normal, physical and mental condition in a much shorter period. For instance, the patient may be standing and suddenly sink to the floor, or stumble, totter a few feet and sit down. The arms may be swung and the legs jerk, or the patient may move about on his hands. The face becomes congested, mumbling and muttering occur, and some froth may gather on the lips. Cyanosis appears,

then intense paleness, and the pupils are dilated. The mouth may be distorted and the eyes or one eye closed or half shut. This condition may last one or more minutes during which time any conceivable movement may take place.

Finally, the patient remains quiet, breathing heavily and suddenly rises either to the sitting posture or direct to his feet. He may then walk about aimlessly, and incoherently mutter or talk in a disconnected manner. This state may continue for from ten minutes to an hour or two but usually, in from three to five hours entirely normal conditions prevail. In *petit mal* the functions may not pass from control and there may be neither a cry or aura of any kind.

One of the most important diagnostic points is the manner of falling. In *grand mal* the patient is *hurled*, as it were, to the earth or falls prone—often on his face; in *petit mal* he sinks down as though pushed and thus generally escapes injury.

The physician may see in his whole practice perhaps a dozen cases of epilepsy and it is unlikely that two of them will present the same chain of symptoms. The convulsive movements in *petit mal* may range from distinct general convulsions to purposeless smackings of the lips and snapping of the fingers. The patient may crawl and “search” the floor or become fixed in a distorted heap with up-turned, wide-open eyes, set stare and flexed and rigid limbs. Quite often, after falling, the convulsive movement will begin around the eyes or in the fingers, the latter bending into the palm, the hand flexing on the forearm and the arm itself being then bent sharply across

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**Myalgia:** In the chronic forms xanthoxilin has done good; gr. 1-6 to j every two hours in hot water; or gr. v, t. i. d.

**Myalgia:** Acute forms are quickly relieved by ammonium chloride gr. xx every eight hours for six doses; best in hot water.

the chest—this in well marked cases.

While it is not usual for the physician outside of an institution to see patients just prior to, during and after a fit he will, by judicious observation and questioning, soon be able to decide as to the character of the seizure. Old cases of *grand mal* often present lesions (especially of the face) caused by falling constantly on the same spot. A bromide eruption may exist if the case has been under treatment.

It is not the writer's purpose to here accurately describe all the various forms of epilepsy. The Jacksonian type, is, in his opinion, not true epilepsy at all but a convulsive condition of a group of muscles due solely to abnormal conditions in the motor area of the cortex. A tumor, for instance, may, by pressure, set up this condition. Finally, the brain substance may become diseased and localized paralysis either take the place of or be added to the spasmodic affection.

*Psychic Epilepsy* is another phase of the disease which would require pages for even a partial consideration. The only point worthy of consideration here is the possibility that many of these conditions are not properly, "epileptic" in character. There is a vast difference between the case which presents the train of symptoms (or many of them) described above and the man who merely has periods of automatism or lapses of mental equilibrium. That the epileptic may also be thus affected is granted but it is not essential that every one who experiences "blanks", "dark periods" or "dual existence" should be an epileptic.

These cases require most careful study and it is possible that on receiving this they will be found to call for an en-

tirely different treatment to that which will apply in most cases of epilepsy of the ordinary types.

One of the peculiar and diagnostic features of an epileptic seizure is the *aura*. In eighty out of one hundred cases some prior motor, sensory or intellectual disturbance will manifest itself. The term *aura* means "an emanation from a body, surrounding it like a vapor or cloud," but in this connection it expresses the preliminary disturbance (whatever it may be) which marks the onset of a seizure. The ancients considered that a "spirituous vapor ascended to the head" from the veins of the extremities, unconsciousness ensuing as soon as the brain was reached.

The *aura epilepticus* really marks the beginning of the attack and the prompt administration of vasodilators (glonoin, amyl nitrite, etc.) might frequently abort it. Strangely enough (it is said by writers upon this subject) sensory aura are more common in *petit mal* than in the more serious form of epilepsy. Visual aura predominate—flashes of light, rapid flitting of colors, "seeing stars," or even optical illusions of cats, dogs or other animals—but taste, hearing and smell are all apt to be affected.

This condition may precede the seizure proper but a moment or it may last for hours. Auditory aura consist of roaring in the ears, "sound of the sea" voices, etc. In one case of *petit mal* reported, the patient first grunted and then whistled a few bars of a popular air before each seizure—on this particular day he had five. Complete deafness and blindness may occur. The epigastric aura is fairly common. Here there is a feeling of gnawing, crawling or tickling in the

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Myalgia: Diagnose by negative pole faradic to contract muscles; cure by positive below contracting force.

Myalgia: Don't forget elimination; poisonous blood will irritate tired or degenerated muscle fiber and cause aching.

stomach which may later turn to a burning. A sour or astringent taste may accompany.

#### PATHOGENESIS OF THE EPILEPTIC SEIZURE.

That these and other disturbances precede or accompany epilepsy is natural when one looks upon the disorder as a manifestation of the presence in the system of an irritant poison which acts primarily upon this, that, or the other portion of the nervous system. That each explosion leaves behind it conditions better suited for the production of the toxin is evident and, where the attack is of a pronounced form and nervous disturbances and muscular commotion are violent, a repetition is probable within a short period.

In this way the status epilepticus is originated. The system is so charged with the toxic material that its absorption is absolutely constant. Under ordinary circumstances the system rids itself during a paroxysm and immediately after of the morbid material (or it is possible elaborates a neutralizing substance) but finally the metabolic processes generally become so deranged that normal functioning practically ceases. The irritant poison is not carried as such *via* the blood stream, but is taken up direct from the medullated sheaths and becomes an inherent part of the nerve cell; thus, if produced in any quantity, the entire nervous system labors under a profound intoxication.

If the various centers can be excited to the extent that causes an epileptic seizure by the stimuli carried by afferent (but healthy) nerve fibers from the seat of localized (and limited) toxic areas, what must be their condition when this

toxin becomes an integral portion of a great part of the nerve substance throughout the body?

Paralyze or derange the nervous system and immediately you have circulatory chaos; interfere with the circulation and the elimination of effete matter becomes insufficient; permit retention of waste and you once more derange the nervous system, and so there is set up a condition which in its worst form can be remedied only by death.

Thus it is, that epilepsy once established is looked upon as incurable, and thus it is that the *status epilepticus* ends only when respiration ceases.

Spratling, in speaking of the epigastric aura, says: "Many patients suffer from indigestion, distention, gastric catarrh and flatulence. It seems now a problem as to whether these conditions precede or follow the initial manifestations of the fit. It seems rational to hold that while the flatulence itself may not induce the attack the *conditions which caused the flatulence may be to blame for it, for the reason that correction of the disturbances in the processes of nutrition often lessens or entirely removes the cause of the attacks!* All this points to the importance of studying chemic pathology as a cause of epilepsy—a vast prolific field as yet but little explored and still less understood."

In these few words Spratling practically endorses the theory advanced by the writer—a theory which does not by any means apply alone to epilepsy. In a recent study of that most remarkable product, lecithin, the fact that cholin (which belongs to the leucomaine class and is closely allied to muscarine) may be split off from this substance (leci-

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**Myalgia:** Meltzer's experiments indicate the possibility that epsom salt may be a good anodyne liniment here.

**Myalgia:** A full cholagog of emetine at bedtime—gr. j—will sometimes prove the magic touch that cures at a single dose.

thin) under certain conditions was discovered.

This alkaloid if injected into warm-blooded animals promptly produces convulsions and it is a fact that cholin has been found in the cerebrospinal fluid and blood of epileptics and others afflicted with nervous diseases. The presence of lecithin in the neurons is essential for the maintenance of normal functioning and in various nervous disorders this substance is decomposed. That cholin (a toxic and convulsant alkaloid and one of the component parts of lecithin) is split off in certain pathological conditions is known to be the case.

Have we not here the very toxin which sets up epilepsy? The effect of this toxic substance would be to set up increased excitability of the cerebral cortex and the whole train of symptoms (varying according to the severity or location of the toxemia) which we term an epileptic seizure would ensue.

Degeneration, shock, trauma, fatigue, alcoholism, sexual excess—all these and a score of other things which produce “nerve exhaustion” are given as being causative of epilepsy. In certain conditions of nerve strain the lecithin ordinarily supplied for repair becomes decomposed and one product of such decomposition is cholin—a convulsant alkaloid. That epilepsy follows is but a natural sequence.

It is unfortunate that we are unable to test the soundness of this theory promptly and settle its correctness once and for all time. The only method of doing so, however, is to treat a large number of cases of various degrees of severity and length of standing and draw our conclusions from the results as a

whole. That one case or two improve under treatment means nothing, but if a score or a hundred epileptics cease to have seizures upon the reestablishment of normal metabolic conditions, and a sufficient supply of lecithin, then surely we may safely consider our theory correct and our method of treatment satisfactory.

And here, after all, comes the *crux* of the whole question. The treatment of epilepsy has heretofore been such an uncertain quantity that no two physicians pursue similar methods. To induce them to lay aside all preconceived ideas and treat not epilepsy but the conditions which give rise to it is an almost impossible task.

In Merck's Handbook (1905) no less than seventy-five remedies for epilepsy are given. The homeopaths have a score or two more, and the eclectic school can make some additions to the list. But the average man uses the bromides in some form and most authors recommend them; some in small and others in massive doses. Why?

Because they act “as a distinct depressant to the motor and intellectual portions of the cortex cerebri.”

Because they “slow the development of thought and decrease the excitability and power of the motor cells of the brain” (Albertoni).

Moreover, the bromides depress the circulation. This should be remembered, as the danger of such depression will be pointed out later.

Now does it not look as though the bromides were given very much as morphine is exhibited to so benumb and deaden the centers that Nature's protest against existent abnormal conditions may

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**Myalgia**—Drop the silly and misleading title of muscular rheumatism and quit calling this malady neuralgia.

**Myalgia**: Take a glance at the rectum and pelvic viscera before you accept the diagnosis; you can't know too much about a case.

not be observed? Would it not be more rational to seek and treat the cause of the motor excitability, etc., than to so benumb the tissues that they refuse to act even under the stimulus of the toxin? Moreover, is it not evident that some metabolic derangement existing, it is essential that we keep open every eliminative channel?

If we depress, directly or by reflex action, the renal nerves we contract the arteries, lessen the flow of blood through the glomeruli and thus cut off elimination of urine. Moreover, it is a fact that prior to an epileptic attack the urine is devoid of uric acid and is otherwise abnormal. Is it not then entirely wrong to depress the nervous system for long periods and thus aid in the retention of waste?

It matters not where or how the urinary solids are excreted; depression means non-activity of the renal epithelium and a lessened flow of blood through the renal arteries. This condition can only mean a deficiency in the urinary output—aqueous or solid—and if we need anything in epilepsy it is *elimination*. Moreover, hepatic activity is lessened by the exhibition of the bromides and if we need anything in metabolic disorders (epilepsy) we need an efficiently acting liver. The bromides cause a "specific eruption"—they lessen elimination via the sudoriferous glands. In epilepsy we need elimination.

It is not necessary to carry the argument further; any man with even a bowing acquaintance with physiology and pathology will see the absurdity of the thing!

What we must do for the epileptic (and bear in mind that even under proper treatment results can only be ob-

tained when degenerative changes have not progressed too far) is to (1) set up normal metabolic conditions, i. e., improve assimilation, elimination and circulation; (2) prevent the formation and consequent absorption of toxic matter in the digestive tract; (3) offer in a form ready for immediate assimilation the substances without which the neurons cannot functionate—lecithin; (4) maintain by the use of non-injurious remedies nerve equilibrium and rest; (5) prevent cerebral excitation without depressing the cord; (6) insist upon a normal habit of living, and, finally, utilize suggestion to its full extent.

There are perhaps many ways of doing all this but as is usual some one way will prove better than the others and the writer has for some time past been working out a line of treatment which has proven effective, generally applicable and capable of administration anywhere.

Every therapist will recognize the fact that each case will require special study and the modification of treatment to meet the exact conditions present. It should also be understood that treatment must be long and faithfully followed and that any excess, exposure or improper act may cause an entire loss of the benefit secured. Finally it cannot be too strongly pointed out that failures will occur even in the most skilful clinician's experience and the average practitioner who thinks that to buy the drugs named and order their exhibition will be sufficient is foredoomed to disappointment.

#### THE TREATMENT OF EPILEPSY.

An epileptic case presenting itself, familiarize yourself with the history of the patient and minutely examine him

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**Myalgia:** A hypo of atropine into the affected muscle will do good in severe cases; beware of opiates in chronics.

**Myalgia:** The hot water bag and the ice bag run a close race as to efficacy; use the one the patient prefers; favoring heat.



physically. If there be a history of epilepsy in the family and signs of degeneracy in the patient, be very guarded in your prognosis and, while holding out hope of improvement, say nothing which will lead to an expectation of cure.

If the case is due to trauma (and the seat of lesion can be ascertained) a competent surgeon should pass upon the possibility of surgical relief. Abnormalities (gastric disorders, ocular defects, worms, phimosis, adherent clitoris, constriction of sphincter ani, etc.) should be corrected. Many cases of epilepsy are due to some reflex irritation and if the source of this is found and removed the disease promptly disappears.

Cases with marked mental taint and very aged or dissipated patients should be rejected or at best accepted conditionally. Cases of grand mal will require the supervision of an intelligent attendant and here again the prognosis must of necessity be guarded.

In cases of moderate severity occurring in comparatively young and normal patients this treatment should be instituted: A mild laxative and hepatic alterative (preferably small doses of calomel with gr. 1-6 of iridin—iris versicolor) should be exhibited hourly for four hours every third night. The next morning upon first awakening the patient should take a full dose of effervescent sulphate of magnesium in half a pint of hot water. The same night he should take an enema of two full quarts of *hot* saline solution. Each night and morning he should be sponged off with cool salt water, again with plain water and finally rubbed with alcohol and polished off with a rough bath towel.

On awakening, cactin, gr. 1-67, quas-

sin, gr. 1-6, and juglandin, gr. 1-6, should be taken, and this medication must be repeated thirty minutes before each meal. The action of cactin is to strengthen and increase the nutrition of the heart muscle, thus improving circulation without whipping the organ. Quassin is a bitter stomachic tonic increasing appetite and improving the condition of the gastric mucosa, and juglandin exerts somewhat the same action and also stimulates glandular activity and increases the flow of bile.

Between meals (and this is the most important part of the treatment) a good preparation of lecithin must be given. Neuro-Lecithin has so far given the most satisfactory results. One tablet constitutes a dose and this should be crushed and swallowed with a little water. One hour later boldine, gr. 1-6 to 1-3, should be exhibited with solanine, gr. 1-67. This dose *must* be gradually increased.

The action of lecithin upon the system is too complicated to be explained here, but, from the remarks preceding, it will be understood that this substance is essential to the neurons and that its absence or deterioration means nerve disorder. In epilepsy it appears to be decomposed and one of its component parts, cholin, a convulsant alkaloid (leucomaine) is "split off" and probably causes the epileptic state.

Boldine is a most remarkable drug, acting not alone as a diuretic, but also as a cholagogue. It increases the output of urea, the flow of bile, and exerts a peculiar hypnotic influence upon the nervous system. It does not in any way increase the amount of urine, neither does it affect the circulation.

**Myalgia:** Temperature to be useful must be decided—very hot or cold; timidity becomes inefficacious here as elsewhere.

**Myalgia:** When grandpa shows how strong he was 20 years ago and is laid up with "lumbago," give the ammonium chlor.

Solanine (from *Solanum carolinense*) has been for some time highly extolled as a remedy in epilepsy, but its action has not been thoroughly comprehended. It does, however, undoubtedly depress the cerebrum, but exerts a somewhat stimulative action upon the cord. At present the writer is giving this drug as above for one week and substitutes therefor the next, verbenin (from *Verbena hastata*) in doses of gr. 1-3 to 1.

Verbenin controls the convulsions in *petit mal* with marked positiveness but does not in any way affect the system injuriously as do the bromides. It has, too, a sudorific action and seems to increase glandular activity. Under its administration old and severe gastric irritations have disappeared and several dry skin patients have come to perspire naturally. Here, it is likely, lies its value in this connection.

Finally, it is advisable to administer, after food, gr. 1-3 or more of papayotin with or without capsicum. This ensures the digestion of the food and an emptying of the stomach within a reasonable period.

Salt smoked meats, fats and all indigestible foods are prohibited. Fruit is ordered each morning with a well-cooked cereal and an egg or chop. Old bread (preferably whole wheat or brown) crackers or zwieback are permitted, but no pastry or hot bread or rolls. Celery, onions, watercress and asparagus may be eaten freely, but turnips, dried beans, or potatoes, should be avoided. Tobacco, coffee and alcoholics are absolutely "taboo."

One-half pint of water or milk must be taken with each meal and nothing save medicine swallowed between meals. The

patient requires eight hours sleep (ten at most) and should retire early, rise early and get out into the open air. Deep breathing is beneficial at this time. Sexual indulgence should be prohibited (or practised with great moderation) and young boys and women should have the danger of certain habits explained to them.

Finally, study by artificial light is to be prohibited as is mental work for one hour after food. Anger, worry and gloomy surroundings are to be avoided. Under this treatment the attacks will lessen in number and in favorable cases cease.

#### THE PREVENTION OF ATTACK.

When an aura (well marked) is apparent to the patient he should on its appearance take gr. 1-250 of atropine and gr. 1-250 of glonoin and repeat this in fifteen minutes. Or, if the fit is on, the inhalation of the fumes of amyl nitrite will often abort it. The patient should carry the *perles* (holding five minims) and break one in a handkerchief, inhaling the vapor. If he cannot do this his friends should be advised to do so. It has been found an excellent plan to exhibit the glonoin and atropine at four-hour intervals for twenty-four hours prior to an expected attack (in periodical epilepsy) and twice the writer has broken up a series of seizures (*petit mal*) by giving a hypodermic injection of apomorphine.

In the above treatment no provision has been made for cases which are known to be due to syphilis. For instance, if the epileptic adult confesses to a luetic taint he should be placed at once upon an antisiphilitic treatment and it is in these cases that the combination of mer-

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**Myalgia:** Many a stray pain may be located in an overstrained or degenerated muscle by the faradic current; negative.

**Myalgia:** Faradic massage with the operator's hand is a very effective measure; rub in goose grease to nourish muscles.

cury protoiodide, stillingin and the arsenates of quinine, iron and strychnine, will prove especially efficacious. This formula has been for some time recommended by the CLINIC and clinical tests have but served to prove its infinite superiority over mercury and potassium iodide.

In children who possess a straight history of inherited taint, or in those who show signs of lues, the same course of treatment (modified to suit the age of the patient) will be imperatively called for. At the same time treatment for the epileptic condition should be continued.

One of the best methods of combining the medication is to exhibit with the "Digestive" tablet (after meals) one-half, one or two of the compound tablets containing mercury protoiodide, stillingin, quinine, iron and strychnine arsenate and nuclein. For children under five, one-half tablet is sufficient; from five to twelve one tablet may be given three times a day, and an adult may take one for two weeks then two for an equal period and then return to one for a month. A rest of ten days should then be taken and the course repeated.

Chicago, Illinois.

### THE CURATIVE ABORTABILITY OF ANGINA PECTORIS WHEN TAKEN IN SEASON AND PROPERLY TREATED.

BY THEO. HOGAN, M. D.

**T**RUE angina, a rare disease, is characterized by paroxysms of the most excruciating pains in the region of the heart, extending into the arm and neck. The pain is undoubtedly in the cardiac plexus and radiates to adjacent nerves.

It was formerly an accepted fact that it was a cramp of the heart-muscle itself, thereby explaining the agonizing character of the pain, the suddenness of the attacks and their usually fatal termination. Another view was, that it was due to the extreme tension of the ventricular walls, in consequence of an acute dilatation associated with affection of the coronary arteries.

Traube, who supported this view, held that the agonizing pain resulted from the great stretching and tension of the nerves in the muscular substance. A

modified form of the view is that there is a spasm of the coronary arteries with great increase of the intracardiac pressure.

Various forms of true angina have been recognized, but the differences are not sufficiently marked to permit a separation. Nothnagel makes reference to "angina pectoris vasomotoria." In this the attack may come on after exposure to cold. There is a general spasm of peripheral arteries with a sense of stiffness and deadness to the extremities, and pallor, cyanosis, and lowering of the temperature. The arteries are small and contracted. There is a feeling of faintness or even a loss of consciousness. With this there is a sense of pressure, tension, or even agonizing pain in the cardiac region. The pulse, however, is regular and there is no sign of disease

Hare confirms our statement that hyoscine and scopolamine are identical; supplied from henbane, stramonium and scopola.

For nervous cases who take anesthetics badly, the scopolamine-morphine method will prove of value.—*Therap. Gazette.*

of the heart. The condition is supposed to depend upon a widespread spasm of the peripheral arteries. I have never recognized a case of this kind, although certain of its features are not at all uncommon in the pseudoangina.

A case I have in mind at present was that of a Mrs. C. H., aged 35, mother of several healthy children and with a clearly-defined history. At the age of twenty she had been troubled some with heart pains and been relieved of same after treatment. No recurrence of these pains for fifteen years, although she had led a very active life. On January 12 of this year she was taken with a severe attack of pain in the heart. The family physician was called and prescribed for acute indigestion. The pain continued for several days, at frequent intervals, and became so intense that he was obliged to resort to hypodermic injections of morphine. After some ten or twelve days my opinion was asked, and I found as follows: That she suffered with agonizing pain in the heart, as if it had been seized in a vise. The pain radiated up the neck and arm and the face was of an ashy-gray tint.

During these attacks she felt as if death were imminent. The pulse tension was much increased and she displayed much anxiety and restlessness. After the attack there were eructations and passing of a large quantity of clear urine. Great exhaustion followed these attacks and as they constantly occurred (almost daily) she was bordering on a state of collapse.

Summing up, it was a case of true angina, and suggested the course of treatment of digitalin, etc. The attending physician being prejudiced against

the use of digitalis, he finally decided to accept my views of her trouble and then took her to several well-known heart specialists in New York. The treatment accepted was that of dosing the patient with erythrol tetranitrate. After the first dose she complained of severe headache, second dose taken in four hours renewed the headache, and the third dose brought on such intense suffering that I was called to try to alleviate the trouble. Never having used the erythrol tetranitrate, I split the dose, then quartered it, and finally gave only one-eighth of a pellet which brought the dose to 1-6 grain, but still the same terrific headache as result.

After this the remedy was put aside and I then placed the patient on a very strict diet, leaving out all *bloating foods*, discarding all coffee, tea, wines or spirits of any kind, with perfect ease during day and if possible a few moments' walk in the open air. When she was too feeble she was placed at the open window, so she could get some of Nature's remedy—air and sunshine.

After several days sparteine was ordered in 1-6-grain granules. Two of these granules were ordered to be taken every morning, and during the day only when the patient felt that an attack was imminent. This treatment, with no further medication, was ordered, and diet, etc., rigidly enforced, when much to our surprise she quickly took a turn for the better. After the twentieth day she stopped taking sparteine, but started again five days later as she had a slight twinge. Since the beginning of the treatment she has regained all her lost weight and added 6½ pounds to her former 114 pounds. The precordial pain

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**Nausea:** For irritability from phthisis and other causes, zinc cyanide gives as good results as any hydrocyanic preparation.

**Nausea:** The dry retching, and nausea from organic brain disease subside under repeated doses of picrotoxin.

with which she suffered months prior to treatment has disappeared as well, as also has the doctor's faith in heart specialists.

The alimentary tract had not been neglected during the foregoing treatment, but I did not mention it, as I know that the readers of the *CLINIC* fully understand the value of the old "clean-out, clean-up and keep-clean" process as so forcefully put by Dr. Abbott years ago.

New York City.

We are, indeed, glad to have this paper, bringing out, as it does, not only many valuable points as to the disease, but in its treatment, a remedy of which all too little is known. Sparteine is a wonder, meeting many indications. It is the remedy of choice when you want heart slowing and regulation without raise of pressure; acting something like the combination of aconitine with digitalin.—Ed.

### SAPREMIA: A CASE.

BY WILLIAM F. WAUGH, M. D.

**T**HE following case is presented as illustrating the powers of drug treatment in sapremia, and also its limitations:

The patient, a woman, 37 years of age, has had pulmonary disease for 12 years, following the birth of a child; a bronchiectatic cavity in the right lung, numerous attacks of pneumonia, with spells of dyspnea lasting for weeks, continuous for days and nights, restrained by the inhalations ordinarily employed for asthma, but under which the stridor increased until culminating in an attack of pneumonia. Climate has had no permanent influence for good. There has never been a characteristic asthmatic attack. Numerous examinations of her sputa revealed the presence of pneumococci, influenza bacilli, streptococci and diplococci; but during the last two years the first and second varieties have disappeared. There has never been a tubercle bacillus detected. Repeated attacks of pelvic inflammation followed a miscarriage eight years ago and a diagno-

sis of pyosalpinx has been made by several competent gynecologists.

The treatment of this case has been thorough and comprehensive (directed by Dr. Abbott); the elimination by the bowels, kidneys and skin kept up to the standard; the digestion maintained, personal and domestic hygiene and mental influences made ideal; and every possibility considered and given due attention. There being microbic infections, she received calcium sulphide to saturation, to which we attribute the disappearance of the infective microorganisms from the sputa and the cessation of active pelvic disease; the streptococci and diplococci remaining in the sputa being those ordinarily found in that of every adult. The last attack of pneumonia was notable from the absence of fever, the symptoms and course including recovery with almost typical crisis being otherwise as usual.

It seemed evident to the physicians in charge of the case that the pneumogastric irritation manifested by the dyspnea,

Nausea: Emptying the stomach by emetine is often needed; and small doses many times relieve without vomiting; gr. 1-67.

Nausea: Emetine for sea or car sickness, gastric indigestion, fermentation, overeating, alcoholism, pregnancy.

almost continuous for weeks, night and day, must be ascribed to a continuous cause, not in any degree "hysteria," not uricacidemia, defective renal elimination, or any cachectic taint. The whole round of antiasthmatic remedies had at various times been administered, but the only definite benefit ever secured was from cardiac tonics, each and every one of them; though thorough and oft-repeated examinations failed to detect any disease of the heart. All relaxants and all antispasmodics failed. Inhalants afforded temporary relief only. The intercurrent attacks of pelvic inflammation also ceased, though some tenderness with enlargement of the uterus and tubes remained. When the attacks of pulmonary engorgement occurred the one remedy that exerted appreciable influence over the condition was *calx iodata*—calcium iodized. Potassium iodide proved useless.

Despite the most carefully-arranged treatment by the tonic-nutrients the patient gradually failed in strength, until it became evident that she was slowly, but surely, slipping through our fingers. The periods of relief became less enduring and less perfectly marked, the terms of stridor worse, her pulse weakened to 116, her weight declined from 100 to 90; and the patient who had kept up with the bravery never exhibited except by these high-strung little women when they have everything else to live for but health, began to lose heart.

Our conclusion was that as the destruction of bacteria by the sulphide saturation was complete, as every function was maintained at the highest state of efficiency and all moral and mental and hygienic influences were absolutely fault-

less, there must be some source from which a dead, chemical toxin was being steadily poured into her blood.

We can reach any cause of disease that is yet within the grasp of the circulation; anything intravascular—but how can we project the effects of any remedy beyond these limits, into the extravascular, unorganized, *unalive* material? Only by mechanical means can such matter be influenced—we must evacuate it or inject into it chemical disinfectants. It was therefore determined to remove the presumed pus foci in the pelvis.

Some time was required to prepare the patient for the grave ordeal and the question arose as to her treatment during this period. What are our resources for combating sapremia? Here we find a great gap in our present knowledge of applicable therapeutics. We do not know what is the nature of the chemical toxins that are emptied into the blood, nor the remedial agents best fitted to combat the effects of each of them. Until this information has been vouchsafed us we are compelled to fall back on the old, abused shotgun method, as follows:

Digitalis has enjoyed some repute as a remedy for "septicemia," and we can now see why, because this sapremia weakens the heart and digitalis counteracts this effect. Echinacea has won considerable repute as a remedy for the virus of serpents, etc., and the vasomotor relaxation here evident leads us to hope there is enough analogy in this case to make this remedy applicable. Salicin has also been recommended for sepsis, and we add it. There may possibly be some lingering remnants of the microbic invasion yet alive, and we continue the calcium sulphide; and since the only or-

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Nausea: For flatulence, sick headache, coated tongue, uterine, pelvic congestions and emotional nauseas, anemonin is fine.

Nausea: Acidity and gastric catarrh subside under the use of any salt of bismuth; a small dose every five minutes till effect.

ganisms still discoverable in the sputa are cocci, we think of pilocarpine. The French praise highly quinine hydroferrocyanide in septic conditions. No contraindication existing for any of these, a granule of each is administered every waking hour. *Calx iodata* is continued for its effect of relieving the dyspnea, and to encourage elimination. Diet and symptomatic treatment attended to as usual.

Under this treatment the patient improved remarkably. Every day saw a distinct and unmistakable rise in vitality and subsidence of the evidences of sapremia. Something in the prescription evidently "took hold." Had time permitted we should have dropped out each ingredient in turn until we could have ascertained to which the benefit was due. But even so, this would not have given us any important data, since it could not have been certain that any subsequent case was amenable to the same treatment. We will have to wait till the various toxins have been differentiated before we can fit to each its appropriate remedy. Besides, as long as the toxin focus remained, the benefit would be necessarily temporary—the clear indication was for the removal of the source of trouble. This was accomplished through the skill of Dr. Lanphear and his asso-

ciates, Drs. Murphy and Amerland, by a vaginal hysterectomy.

The uterus was saturated with pus, abscess cavities in both broad ligaments, the ovaries disorganized and both tubes containing water, but all was sterile—the only organisms found being a few cocci which could not be cultivated, their reproductive powers being destroyed. They could not be definitely recognized but most nearly resembled pneumococci, or rather the diplococci ordinarily found in sputa. The results therefore fully bore out the correctness of the conclusions, previously reached, as above given.

Immediate and marked improvement set in, the patient's pulse returning to normal almost from the hour of the operation, the dyspnea disappearing, and the whole system reacting with a bound. Whether this presages a permanent cure it is too soon to say. But my point is that we are not yet at such a state of therapeutic development that we can do away entirely with the "shotgun" prescription—and this case seems a fair example of this fact. All the more shame to us when we employ it in the numberless instances where a really accurate fitting of remedies to conditions is practicable.

Chicago, Illinois.

## REMEDIAL MANAGEMENT OF THE SICK.

BY THOMAS H. LEONARD, M. D.

**M**Y attention was directed along this line, I think by my experience as a pharmacist, where I studied "official preparations" as a fixed system of medicine, from my

experience with specific indications as taught by Prof. Ellingwood and your chairman, Prof. DuVall, from experience with the administration and physiologic action of remedies from the three schools

For obstinate urticaria nothing better than soda salic. gr. 1-2 every one-half hour.—Wherrell. Try the acid gr. 1-6 as often.

Neuralgia of face and head: *Sp. gelsemium* a drop every ten minutes.—Wherrell. *Gelseminine*, a granule as often, is better.

in hospital practice, and from my experience in practice studying the physiologic action of drugs.

Before proceeding I wish to state that the original work of such men as Prof Ellingwood, John Uri Lloyd, Prof. Kuznik, Prof. J. U. Roe and many pharmaceutical chemists, is to be admired.

For the past twenty years the medical profession have been so busy with microscopy, bacteriology, pathology, surgery, etc., that the remedial management of the sick has been either neglected or left to the manufacturing druggists; and while this condition of affairs might be pretty generally regretted, it may be all for the best, because this branch of medicine is so large that the average practitioner could not manage it, and all of the above subjects too, if he selected his drugs in the crude state; just as our President, Theodore Roosevelt, has so often stated, that corporations are to the business and economic world a necessity (managed properly), so in the medical world are the corporations of medical men who have the facilities and material for making the study of pathology, bacteriology, therapeutics, materia medica, etc. specially necessary corporations. For example: The Medical Department of the University of Chicago might be termed a corporation, as compared to the smaller schools of medicine.

In managing disease, armed with a knowledge of the sciences, 'ologies and 'isms, the practitioner after having done as the president of the American Ther-

apeutic Society has mapped out in his Therapeutic Diagram, which is:

The Etiology produces	} The Disease
The Physiology is disturbed by	
The Pathology is the result of	
The symptoms are indications of	
The Treatment	{ Stop the Etiology Help the Physiology Remove the Pathology and Ameliorate the Symptoms,

has left to his own good judgment and responsibility the remedial management. If there is a specific for the condition, as antitoxin in diphtheria, and he knows it, well and good; the problem is solved—and right here in this instance is my homely illustration of the need of a corporation exemplified, someone to prepare the antitoxin for the busy practitioner, as Parke, Davis & Co., Frederick Stearns & Co., and others.

Or, the condition may be one for which we have not as yet found a specific. Now the remedial management rests entirely with the individual doctor, with the individual case. We will suppose, as is usually the case, that the doctor has diagnosed the case properly, and the condition is acute; and he gives 5—10 drops of such-and-such a tincture every 4 hours in daytime, and the symptoms are not changed for the better; but the autotoxemia makes the patient feel even worse. The doctor is sent for again and he has read up on the case, and finds Prof. So-and-So gave infusion of X in his cases, with the best results. He doesn't say how he gave it, whether one dram or two drams t. i. d., or every hour; and you don't take time to look it up, but give it a dram t. i. d. The patient is no better, and finally Dr. B. is called, and he opens up the exits for the waste of the system to pass off, and has a good

**Nausea:** In atonic dyspepsia with flatulence a granule of quassin in a little water settles distress and restores appetite.

**Nausea:** Can a person be nauseated whose intestinal tract is empty and disinfected, blood clean, eliminants active?



fresh preparation of Squibb's tincture of X, and he leaves orders to give gtt. v one-half to one hour till the pain ceases, the fever subsides, or till they see a certain symptom, then give the drug every 2, 3, or 4 hours—and Dr. B is retained. The only skill possessed by Dr. B over Dr. A was in removing the waste, selecting a more potent active principle of X, and getting the physiologic action therefrom.

This last point, the selection of a potent remedy, is what I wish to stand out more prominently than any other point in my paper. Is it any wonder that the tinctures of "X", "Y", "V", "Z" which have stood on the shelf for years, bought from a cheap-John house in the first place, did not give the physiologic action of the active principle of the drug named? Then, too, it may be that the desired action was impossible from that certain form of the crude drug.

To illustrate my last statement I will cite a case: Called to see a case in February, diagnosed as right lobar pneumonia, with mitral regurgitation (an old lesion), I anticipated great trouble with the heart, and made as I thought preparations for the same; and as I was always told that the fresh infusion of digitalis was the best, I made a fresh infusion and gave as high as five drams every three hours; with no results on the heart except what might be expected from the polyuria, due to the infusion, which carried out with it some of the toxins of the blood, which might have accelerated the heart-action. The heart was so bad that I called in a consultant, and he advised me to use some good preparation of digitalis. I had in my pocket-case some digitalin Gm. .001 in

pill form, and we gave three milligrams every 2 hours. The pulse dropped from 144 to 98, from 10 p. m. till 8 a. m., with the medicine given till effect.

This was a puzzle to me, so I started to read up on digitalis in Potter's *Materia Medica*; and I found that the drug has no alkaloid (a good question on examination) but *four active glucosides*:

1. Digitalin: *Soluble in alcohol, almost insoluble* in water; possessing in a high degree the medicinal action of the drug, especially on the heart.

2. Digitonin: Insoluble in cold alcohol, soluble in water; the diuretic agent of the drug.

3. Digitalein: Its weak action on the heart is *not cumulative* and it causes no irritation when subcutaneously injected.

4. Digitoxin: Soluble in alcohol, quite insoluble in water.

Now, gentlemen, is there one student out of fifty who knows about the physical properties of these glucosides? I ask if two-thirds of the doctors in this room have not prescribed Lloyd's digitalis, so much, say, gtt. x—xxx in 4 oz. of water, and expected a heart-action, when in fact your digitalin and digitoxin are thrown down, precipitated, your physiologic action being diuretic instead of cardiac.

I had a case of anasarca in March, with a mitral lesion. I gave infusion of digitalis for the dropsy and digitalin for the cardiac trouble, and he improved from the start and has stayed helped. Now, gentlemen, I think these experiments are theoretically and practically correct. I appeal to you for correction. See Potter, page 301.

Take another example, hyoscyamus. The crude drug contains hyoscyamine, a

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Nausea: All forms due to fermentation, gastric mycosis or catarrh, subside under the sulphocarbolates after laxatives.

Nausea: Car sickness and many other forms are quickly relieved by a few tablets of calcium iodized; quells acidity.

cerebral excitant, and hyoscine a cerebral sedative. Potter says the dose of the uncertain crude drug is from 2 to 250 grains. Gentlemen, I say, why not give them separately?

The next question asked will be, what are you going to do? I say, teach more of the alkaloidal physical properties and physiologic actions of the drugs. Give good remedies at any cost; give enough of the medicine, small doses, frequently repeated, to physiologic action. If you have nothing but a tincture and you don't know the strength of it, but the dose is 5 to 30 drops, who dares to say you cannot give more, if needed, in an individual case, if you know the physiologic action? Prof. Kuznuik says two forces that act alike, in acting together repel each other, and says this proves true in medicine; and two drugs having the same action, acting together repel each other's action. I prefer to be on the safe side, and use as few different drugs in the same prescription as possible.

Then I want to say to those who have no confidence in remedies, to study their therapeutics, and think of Osborne's diagram; and further to those who say 75 per cent of the acute cases get well without medicine, running their course, that if you are called and the symptoms are not relieved you will lose the case, even if they do get well; because you are called to stop the symptoms in most cases, and save life too, if you can. In other words you are called to manage a case of sickness, and if you remove your cause, help your physiology. And in the latter case I know of nothing better than opening the exits of the body, so the waste can pass off; and this should

be done in a mild way, helping nature slowly. I know of nothing better than calomel, gr. 1-10 every one-half hour for 10 doses, which is antiseptic, diuretic, laxative, and has many other good properties. Follow with a saline solution of some kind, and the physiology is helped. Removing the pathology comes mostly under the care of the surgeon. Ameliorating the symptoms can now be done in the 75 per cent of acute cases referred to, if the remedy is proper and active, and dose enough is given.

I hope I will not be accused of commercialism if I mention the names of houses whose drugs I have had do the work, which corporations if properly and ethically managed are a necessity to us rural practitioners: Abbott Alkaloidal Co.; Lloyd's Tinctures, if used properly; Parke, Davis & Co.; Wm. R. Warner & Co. All charge big prices, but their goods are reliable; and if you go to a house with a \$2.00 determination to help your patient, you will get the \$2.00 and you can afford to pay good prices for drugs.

Lloyd says in Prof. Ellingwood's book (page 27) on *Materia Medica and Pharmacy*: "He who claims to be a pharmacist and yet slights the subject of quality of drugs (which is equal to potency), does no credit to pharmacy, and the physician who belittles this great subject is surely ignorant of its intricacies and magnitude."

New Holland, Illinois.

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This excellent paper was read at the last meeting of the Illinois State Eclectic Medical Society—with a lot of other good papers. It brings out very strongly some points which we have been

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**Nausea:** Menthol relieves gastric flatulence and checks mycosis; a tablet every five minutes till a sense of gastric warmth.

**Nausea:** Ice water irritates the stomach; give small doses of very hot water and stop all other ingesta for a day.

preaching for years: First, that elimination is fundamental to the success of any treatment; get rid of the waste *first!* Second, it is the active principle that does the work—why not use it? And

last but not least—cheap drugs do not pay. When human life is at stake and your reputation swings in the balance, you are not saving but losing by buying in the cheapest market—don't do it.—Ed.

## THE DUTY OF THE MEDICAL PROFESSION CONCERNING FANATICISM, FRAUDS, FOOLS, AND FADS.

BY Y. L. ABERNETHY, M. D.

### II.

**L**EGISLATION and education are the keys to the situation. In Germany the claims of all patients and devices must be made good, or the price refunded and the proprietor be liable for prosecution for fraud. This commends itself as just and wise. We should and must have such a law if it is in the bounds of possibility.

The United States is the Mecca, incubator and preserver of all this diabolical brood of vermin, swine and vultures. With limitless capital they assume the role of trusts and buy and bully all opposition and legislation; just as in other lines the government itself is defied, party policy dictated and the rights and liberties of the people jeopardized by the execrable insatiate monopolies. It is here that fanaticism, crankism, freaks, frauds, fools and fads of infinite variety and number flourish, whose capacity for evil can scarcely be estimated.

Chief among them, as already indicated, are the so-called pseudo-scientific religious organizations, which under the guise of worshipping according to the dictates of conscience, assume as a very prominent side-line the practice of medicine, and the denunciation of the medical profession. But for the religious ele-

ment the law would not recognize their right to treat disease by any method.

How shall we remedy these evils and eliminate from the body politic these vile, malignant, cancerous excrescences? As already indicated, the task is Herculean. Even in legislation vast difficulties are encountered. The average legislator is as obtuse upon such subjects as the general laity, and is liable to be tinctured with the fallacious doctrines, or a fear of results from antagonizing them. The promoters are alert, and are very much in evidence in our legislatures, to protect their interests, like the saloon element, with hard cash and vigorous work at the polls and in the legislative halls; while the temperance reformers hold aloof from dirty politics, moralize and rely upon faith and prayer, which, unfortunately, do not work in politics any better than they do in medicine.

I noted in the *Literary Digest* that an attempt to prohibit Christian Science and faith-healing by legislation, in New Hampshire was defeated. Numerous papers commended the action upon the ground of "worshipping according to the dictates of conscience," "the danger of a medical monopoly," "the desire and intelligence of the patient should dictate the kind of treatment received;" and

**Nausea:** When a patient can not bear food, stop it for 24 hours; giving nothing to eat or drink; enemas for thirst.

**Nausea:** Try in obstinate cases absolute rest for the rebellious stomach; it will come to terms before two days elapse.

Mrs. Eddy, whose home is in Concord of that State, "was so liberal and doing so much to advance the interests of that city", etc. This shrewd business woman makes millions out of her book, "Key to the Scriptures" at \$5.00 per copy, and various enterprises, depending directly upon the gullibility of her victims. "Lige" Dowie, the "Holy Ghost and Us" and all such cults resort to the same tactics. The whole fabric rests upon the fact "that a fool and his money are soon parted." They are simply experts in manipulating the bunco game, all in the name and for the sake of the Lord Jesus Christ. Oh! the infamies, cruelties, horrors, blood and war, agony and death perpetrated through avarice and ignorance in His holy name.

Money gives them prestige. It enables them to pose as great benefactors and philanthropists and to subsidize the press and legislation. The fact that they disburse immense sums in promoting their enterprises, quiets the suspicion that their motives are mercenary, and confirms the faith of their dupes. Of course they have a princely living, are worshiped as demi-gods, wield immense influence, enjoy a world-wide reputation and it is more than probably that a comfortable competency for them and their posterity will stick to their coffers. But suppose they keep none, then they are only emulating Carnegie, Rockefeller, and others with too much money.

What else could they do and sustain the illusion of being inspired? It is no small thing to be the receiver and disburser of millions. But it is universally conceded to be the most sought for and one of the greatest objects within the whole domain of human achieve-

ment. Their role pays hugely and is a howling success. Just any ordinary uninspired mortal, smart, slick and mean enough to sustain the hypocritical pretensions "of prophet and inspired writer" with the accruing emoluments, would not hesitate a moment to do so. That this is just their attitude is palpable to all but their deluded followers.

As legislation, honestly and wisely administered, offers the best remedy for these dangerous evils, it occurs to my mind that we need more and better medical politicians. As doctors are the salt of the earth, some of our best, brainiest men should be legislators, governors, congressmen, senators, cabinet officers, presidents of the United States—nothing's too big or too good for doctors. We should make our power felt in no uncertain way in naming those who wield the destinies of the nation. Municipal, county, state, and national medicine would be a specialty, and suitable talent so trained and developed as to be equal to any emergency—men of the Virchow, Woods, and Cunningham type, of versatile genius and giant achievements in all directions. Then, and not before, will our profession command the respect and influence so justly due it. Then will some great American doctor's name appear in the Hall of Fame. It is a burning injustice and flagrant ingratitude of a non-appreciative public that it is not so now. Then will golden opportunities be afforded to defeat charlatanism in all its hideous forms, and inestimable blessings accrue to the race.

Under the heading of "Frauds" we will embrace the whole category of imposters. But I wish to emphasize the irregular, unethical members of the pro-

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**Nausea:** Iodide of potassium is not in it with calcidin to subdue gastric irritability; nor is cerium oxalate.

**Nausea:** After you have failed a lot, look for and remove the cause of the trouble; there's something besides drugs.

fession, who by hook or crook have diplomas, hence escape the jurisdiction of the state authorities. The poor, ignorant herb and voodoo doctors, who are caught by that law, are capable of but little harm, and that among the most inferior classes; while the other miserable, measly gang, by all the tricks, lies, and deception that a devilish ingenuity can devise, rob and fleece all grades of society in the most heartless manner. Their power for mischief to both the profession and laity is prodigious. It is here you will find your drug-habit promoters and users and the reckless operators. Here you will find professional abortionists and all-around crooks, whose horrible deeds are credited to the medical profession. Yet they are tolerated by the law and the profession and the laity cannot understand the distinction.

They flourish and prosper financially for a time (the stupid world's only standard of merit) and are liable to be emulated by the younger members of the profession who have to undergo the long, painful regime, ethical methods impose upon them. It is like the flashing jewels and gaudy apparel of the prostitute, tempting the poor virtuous girl. To yield in either case is equally disastrous.

It is a very poor law (for which our profession is responsible) that will not reach and silence every one of these dirty mountebanks, and in our medical societies that will not discipline severely any member who so far forgets his exalted position as to meet and consult on terms of equality with such curs.

As to "Fools"—some four centuries ago the peerless "Bard of Avon," was constrained to make the original impressive remark, "What fools these

mortals be." Subsequent developments only tend to strengthen and confirm the statement. Especially is this true from a medical standpoint. The laity are fools and need the care and protection which is in the power of our profession alone to bestow, and duty demands it.

As to "Fads", the facetious Mr. Dooley says, "Medicine is all fads." "Last year it was arsenic, aconite, and belladonna; this year strychnia and prussic acid." And he might have added for the benefit of surgeons something about the rapid rise and fall of ovariectomy and appendectomy. He could have made some very funny, side-splitting remarks covering some phases of the serum-therapy fad.

I anticipate the verdict of the profession: Treat them with silent contempt. Don't dignify or advertise them by our notice or opposition. Don't fire Gatling guns at pestiferous vermin.

This is one view of the subject, and from others it is deemed worthy of serious discussion, and is given a great deal of space in the literary and scientific press of the world. It is not to be ignored as insignificant and puerile.

No one dares dispute the fact that great wrongs, injustice and dangers exist. It is our prerogative and duty to correct them. The time and opportunities are propitious for the great medical profession of America, in its reorganized, consolidated capacity, to move forward in solid phalanx, and compel the admiration and respect of the world by demanding and getting what we want and impressing it with our immense power and influence, politically, socially, intellectually, and showing our detesta-

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Nausea: A strip of mustard paper over the pneumogastric in the neck is far more effective than over the stomach.

Nausea: If you have nothing else handy, apply a piece of ice over the pneumogastric in the neck—either side will do.

tion of shams and imposters, and our solicitude for poor, weak, erring humanity. Chattanooga, Tennessee.

We think our readers will join with us in indorsing this strong presentation of an important subject.—Ed.

### AUTO-DECEPTION.\*

BY A. J. PERKINS, M. D.

**U**NCONSCIOUSLY the physician is the subject of auto-deception at every turn of his therapeutic work. He needs to keep constantly in mind his liability to mistake the causes of the conditions presenting themselves during the treatment of his patients.

The great number and diversity of therapeutic agents appealing to him for recognition, tend to allure him from the field of certainty to that of experiment.

Confidential trust in the assurance of pseudo-medical agents and chemical companies, who know only the commercial side of the healing art, tends to lead the physician away from established methods and valuable time-tried remedies into the field of uncertainty. So varied are the conditions presented by the physician's clientele, that he must be ever alert, or his conclusions will be the fruit of auto-deception rather than the comprehension of legitimate causes. How easy it is to see therapeutic value in an agent when improvement in the symptoms follows its use. How often do we stop to inquire whether the agent used really produces the improved condition of the patient? Suppose we make the inquiry, how often can we answer it? How easy it is to assure ourselves that the treatment caused the recovery. How difficult it is to be-

lieve the patient would have progressed equally well with other treatment or with none. How many of us are willing to admit that nine-tenths of our medication only amuses the patient while he is getting well?

Look through our materia medica, and select those remedies known to be useful, known to have some definite power toward counteracting disease, and burn the remainder; how large a book would you have left? After learning that a medicinal plant is so weak in its action that others of much greater potency in the same direction are nearly always prescribed, why encumber our pages with the weakling, and ask our students to spend valuable time studying them?

Visionary individuals are constantly discovering some wonderful properties in plants long since discarded, and writing extended articles on new remedies that time proves worthless. The fact that a dozen patients get well while using a medicine is little proof of its value. Three-fourths of our eclectic materia medica had better be discarded and more study given the remainder. Always seek new uses for good remedies, also new remedies for old uses; but when a weakling is known to be such, drop it.

Our teachers should be certain that the recent graduates are so thoroughly acquainted with all standard remedies, that they will not become empirics by

\*Read at the meeting of the Illinois State Eclectic Association.

**Nausea:** A cup of very hot-clam broth has often relieved an exhausted stomach that would retain no other form of food.

**Myalgia:** Caffeine directly affects muscle fiber; give valerianate gr. 1-6 in hot water every one-half hour in fatigue cases.

running after every new thing that is advertised.

It is well known that the younger physicians require a much greater variety of medicines than the older ones. Why is it so? They have been taught to regard many of the weak remedies as indispensable, and spend many years learning better. They are fortunate indeed if they have escaped studying the publications of all the great manufacturing houses, who push anything that sells well with all the vigor at their command. Their advertising schemes are couched in the most seductive terms, and the hundreds of chemical companies consisting of one man each, may have impressed their minds with the vast superiority of their wares until they feel themselves invincible.

The older physicians of large experience have learned that every recovery is not the effect of the medicine used, but often the result of time, nursing and mild medication, with the assurance that the patient is being judiciously treated. Our older physicians, as a rule, have but few remedies for ordinary use, and depend upon them for their known effect. They have little use for drugs that produce no effect they can appreciate. They look with suspicion on the new fads of those advertising firms that resort to all kinds of schemes, that easily lead the unwary physician to prescribe their goods. Indeed it is difficult to draw the line of demarkation between the manufacturers of honest goods, and the patent medicine vendor.

The dominant school today discards its own teachings in the mad scramble for something new. What a sad com-

mentary on their much vaunted superior therapy! If authoritative instruction is valuable, why discard it for some irrational imposition on the medical public, or an extra caudal appendage to some tiny microbe?

I would advocate a careful study of the known active portions of our materia medica, and the exact effect that each drug produces on the human organism. I would also advocate the study of all vegetable products that promise to be useful, promptly rejecting all weaklings. We claim to be specific medicationists; but how many drugs can you name that are specific for conditions existing in disease? They are soon counted and when found will make a book you can carry in your vest pocket.

We do not need remedies that are said to be specifics, only those proven such. Let us observe and think, until our specific materia medica has grown to respectable dimensions, and we will lead the world in the treatment of disease.

#### DISCUSSION.

Dr. Francis:—"I just want to say that that is the best paper I ever heard in my life, anywhere or any place.. I hope it will receive the proper recognition.

Dr. Dunn:—"There is one point in the paper which I think ought to be considered, and that one is in regard to the advertising pharmacies. There are patent medicines which I would swear by the same as I would by lobelia and ipecac. If I find a medicine that helps me and my patients I believe it is my duty to use it."

Dr. Jemttsch:—"I want to speak from the view point of the young practitioner. I believe that young doctors oftentimes overdo things, but I think it wrong

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**Myelitis:** The phosphate of silver has been advised for relieving vesic and rectal symptoms and combating sclerosis.

**Myelitis:** Following injury give atropine to keep the system slightly under it for days; slight dryness of mouth suffices.

to say that medication as a whole is a humbug."

Dr. Guild:—"I have been practising some thirty or forty years; have been given up twice to die of consumption. I believe there is a root and cure for every disease, unless it is leprosy. I

have been living with one lung for a good many years and I believe that the only way to live is by using drugs. I also believe in homeopathy, allopathy, hydropathy, and any 'pathy that will save life."

Plainfield, Illinois.

## CHRONIC SUPPURATIVE OTITIS MEDIA.

BY G. E. GUINN, M. D.

THE parts involved primarily and most frequently, are the eustachian tube and tympanic cavity, with the membrana tympani. Later in the disease the attic space, the upper part of the drum cavity beneath the tegmen tympani, may be affected, and finally the mastoid aditus, antrum and pneumatic cells may be involved in the suppurative process, in the order named.

There is a group of cases in which the chronic suppuration is limited at first to the attic space, with, perhaps, some involvement of the aditus and antrum, the antrum or lower part of the drum-cavity, being free from suppuration and showing a tendency to remain free.

These cases are not numerous, but they form a most important class, as they are most invariably attended with necrosis in the head and neck of the malleus and incus. They lead to disease in the mastoid antrum, with risk of further mastoid disease, if not relieved before the necrosis advances backward toward the mastoid, or attacks the neighboring walls of the antro-tympanic space.

Any cause productive of an acute suppurative otitis media is competent to produce chronic otitis media. The most

common causes assigned are coryza and the exanthemata, especially measles and scarlet fever, the latter being the most frequently assigned cause. Teething, diphtheria and typhoid fever are sometimes assigned causes of chronic otorrhea, and la grippe leaves with us many discharging ears. It is found in scrofulous, lymphatic, arthritic, herpetic, tuberculous and syphilitic disease, and is generally associated with nasopharyngeal catarrh.

On looking over the literature of suppurative otitis media one is impressed with the number of different plans of treatment recommended, and the great variety of medicinal agents, in the success of which their respective advocates seem to have implicit confidence. That many cases of chronic suppuration, even of long duration, are cured by these so-called conservative methods is well known to all. That many cases have been treated by such methods for a long period of time and still continue to discharge, is equally well known.

The great majority of cases found in the latter class undoubtedly accounts for the belief found both among the laity and physicians, that little or nothing can

**Myelitis:** Full doses of ergotin to contract vessels has been urged for acute and also for subacute forms; questionable.

**Myelitis:** Chronic and anemic forms have done remarkably well on silver oxide, a grain a day divided doses; or more.



be done for discharging ears. When a patient with a chronic suppurating ear applies for treatment, the first question to decide is not what remedy to use, but whether this is a case for conservative or surgical treatment.

As our diagnostic ability increases our reputations will suffer less from unsuccessful attempts to cure surgical cases by non-surgical means. In the present state of our knowledge it is not always possible to determine at the first examination in which class a given case belongs.

The pathological conditions which nature cannot be expected to correct without the help of the surgeon, may be enumerated as follows:

1. Bone necrosis, either in the ossicles, attic, antrum or mastoid.
2. Granulations or polypi within the deepest cavities of the middle ear.
3. Osteosclerosis of the mastoid.
4. A lining of the deeper cavities of the middle ear with epidermis, either with or without cholesteatoma.

Sometimes only one of these conditions is present; again all may be found in a single case. Sometimes the surgical cause of the suppuration is easy and sometimes difficult of recognition. When a surgical cause for the continued suppuration cannot be discovered, it is perfectly proper to treat the case conservatively until it is cured or until it becomes apparent that there is some condition present which will require radical measures.

The treatment of chronic suppurative otitis media may be classified as:

1. Mechanical, including attempts at cleansing and drainage of the cavities of the middle ear.

2. The use of medicinal agents supposed to have germicidal or healing properties.

3. The use of internal remedies, either for building up the general health of the patient or for their more direct effect upon the suppurative process.

4. The surgical treatment, which includes the removal of granulations or polypi from the auditory canal and middle ear, enlarging the perforation to secure better drainage, ossiculectomy, the removal of the plate of bone between the attic and the inner end of the auditory canal, and the radical or tympano-mastoid operation.

As distinguished from the ordinary mastoid operation, the tympano-mastoid includes not only a clearing away of all diseased tissue within the mastoid process, but the removal of the posterior and superior wall of the auditory canal, removal of the drum-membrane, malleus and incus, together with the outer wall of the attic. This turns the mastoid, mastoid antrum, attic, middle ear and auditory canal into one cavity, which is expected to become lined with skin.

Where to undertake the tympano-mastoid operation for the relief of chronic suppuration is a question which must be settled upon its merits in each individual case, but as a rule such an operation should be resorted to in all cases which cannot be cured by less radical measures.

As exceptions to this rule may be mentioned those suffering from well-advanced pulmonary or other organic disease, and the very aged who have had suppurative otitis media for a long time without apparent inconvenience.

In addition to the continued discharge

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Myelitis: Strychnine is advisable in any but hyperinflammatory forms; give to secure full effects if at all.

Myelitis: Restore the nutrition after fever falls by zinc phosphide, gr. 1-6, an hour before meals and at bedtime for a week.

after other plans of treatment have been thoroughly tried, persistent odor is a special symptom pointing toward the necessity of radical operation. Odor means decomposition, and decomposition means accumulation, and accumulation means failure in the efforts to drain or disinfect the deeper parts of the middle ear.

Pain in the ear, in the mastoid, or in the side of the head may be slight or severe, may be continuous or intermittent. When present it points toward the necessity of an operation, but the absence of pain is by no means an indication that a radical operation may not be required. The same may be said of temperature, although it is the rule for patients with chronic suppuration, especially with odor, to have slight elevation of temperature at some time or other during every twenty-four hours.

Tenderness upon pressure over the mastoid as a symptom is unreliable, since it is found when the mastoid is not diseased and may be absent when the entire mastoid is necrotic, leaving only the outer table intact. However, as a general indication, tenderness on pressure when taken with other symptoms points toward surgery. When auscultation of the mastoid by means of the stethoscope and tuning-fork shows any change in the normal density of the bone it is additional evidence of the necessity of operation.

The discovery of necrotic bone in the mastoid or deeper parts of the middle ear is a positive indication for the operation. When the perforation is of sufficient size, necrotic bone may be searched for with a probe, or the washings from the ear may be filtered and the debris examined with the microscope for bone

cells. When the discharge is slight and evidence of necrosis is found in the ossicles the ossicles may be removed.

The prognosis in such cases is fair, but unless great care is used in the selection of cases for ossiculectomy will either not be cured or will later submit to a more radical operation.

There is as great danger from a chronic discharging ear as there is from an appendix in which there is pus formation, but too many of the profession do not as yet recognize this fact. Many an individual with such a discharging ear walks the streets or goes about his daily work, who, could he know the danger, would seek his physician.

MacEwen calls attention to the fact that such a patient may work at the severest labor up to the very hour of the rupture of an attic abscess. P. Mammond reports three cases of chronic suppurative otitis to demonstrate the necessity for prompt checking of the suppurative process in the ear. It is not enough that the external discharge of the ear has ceased, as it is possible for the disease to remain latent for years. There must be absolute cessation of crust formation before the ear can be considered safe.

A careful study of cases of long-continued suppuration will frequently show diseased bone as a cause of the chronicity. After some experience with the fine silver probes used for this purpose it is astonishing how often we will be enabled to detect the presence of caries of the ossicles, and even to tell with considerable precision its exact location.

J. C. Beck reports a number of cases in which he has experimented with radium. In some cases of suppuration,

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**Myelitis:** For the rest of each month after phosphide, give neuro-lecithin to sustain the tonic-nutritional process.

**Myelitis:** In chronic forms, a course of gold iodide will remove debris and powerfully stimulate nutritive processes.

both before and after operation, repeated exposures to radium rays might have improved the conditions, but the writer has been unable to formulate any rules for its application or foretell with any degree of certainty the result of treatment.

The direction of the eustachian tube is inward, downward and forward when the body is erect. Consequently if there is an occlusion anywhere along its course the contained pus will be bottled up and only so much of it will escape as can force its way through the drum membrane above the level of the upper portion of the tube. Therefore the abscess can never drain itself completely, but a certain amount of stagnant pus will always be present, undergoing putrefactive changes with all their evil consequences.

Syringing the ear as ordinarily practised for purulent otitis does not cleanse the middle ear and rarely reaches the eustachian tube. Consequently its value is extremely limited. Syringing the ear may bring about an infection of the mastoid cells, the very thing we most fear and most desire to avoid.

Chronic purulent otitis media is almost always accompanied by a salpingitis of the eustachian tube and unless this receives proper recognition it will be impossible to cure the otitis, as it will continue to act as a constant and ever-present source of infection for the middle ear.

To maintain an aseptic or antiseptic condition it is imperative that there shall be good and efficient drainage. This can only be obtained by having the eustachian tube thoroughly dilated and the opening in the drum membrane as large as possible. Dilatation of the eustachian

tube may be accomplished by any one of the following methods, preference being given to the order in which they are mentioned:

1. By forcing air into it through the eustachian catheter by means of Politzer's air bag. Not less than twelve or fifteen insufflations should be given at a sitting.

2. By forcing air into it through the eustachian catheter at a pressure not to exceed twenty-five pounds. The air may be medicated by interposing a vaporizer between the catheter and compressed air tank. For this purpose there is nothing better than iodine. The dilatation should be continued uninterruptedly for a period from five to fifteen minutes.

3. By mean of insufflation with Politzer's air bag and a suitable nose-piece without the interposition of the catheter. To obtain the best results the patient should be made to swallow water simultaneously with the compression of the air bag. This tends to open the eustachian tube and shuts off the passages forward and backward. Twelve or fifteen inflations should be giving at one sitting.

There are still other methods, such as Valsalva's and the eustachian bougie, etc. which I will not take time to explain, as the ones already given are the best for dilating the eustachian tube and bringing about desired results.

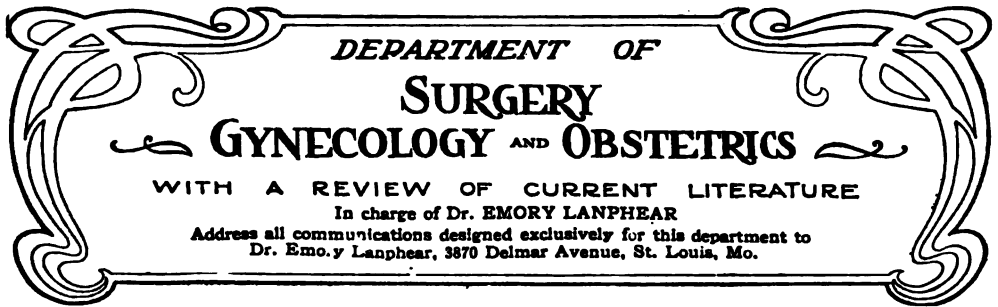
Bethany, Missouri.

—:o:—

Personally, we have good results in mild cases of this trouble with calcium sulphide internally, cleansing the ear with hydrogen peroxide and the instillation of carbenzol. Of course the doctor's treatment is absolutely first-class.  
—ED.

**Myelitis:** Picrotoxin has been advised; give it a trial as an eliminant and stimulant to the weakened tissues.

**Myelitis:** The man who for a moment forgets to make and keep the bowels clear and clean is not a real physician.



## EXTRA-UTERINE PREGNANCY: PATHOLOGY, DIAGNOSIS AND TREATMENT.

BY A. H. CORDIER, M. D.

Professor of Principles and Practice of Surgery in the University Medical College; Chief Surgeon, Kansas City, Mexico and Orient Railroad.

**A** FEW years ago the report of a case of extra-uterine pregnancy was a rare event. Such reports are frequent at this time; in fact, one can scarcely glance over a medical journal without seeing one or more cases reported. It has been through this rehashing (so to speak) of this topic, that familiarity of the subject has been attained and the tabulation of good results made possible.

In ten years I have had an experience of sixty cases. The duration of pregnancy has extended over as wide a range as the location of the fetus has had in variety: from six months to two years—from a soft gelatinous embryo to a well-formed nine pound child; from a cob-nut-sized embryo in the tube to a full-grown child in the broad ligament. It is only in the tube ectopic gestation takes place, and all other varieties of extra-uterine pregnancy are made so only by rupture of the tube as the fetus develops. Tubal abortion (?) being the exception, this may be excluded from the list with safety.

It is evident that all cases of tubal pregnancy must rupture at some period, unless the growth of the fetus is stopped

by some means, but the methods advocated to check the growth of the embryo are so uncertain in their results, so unsurgical and so dangerous to the mother, and the diagnosis so doubtful, prior to a rupture, that they are to be practically excluded from the management of these cases.

Intra-peritoneal is to extra-peritoneal rupture in the proportion of three to one. When rupture takes place between the layers of the broad ligament, the hemorrhage is limited by the resistance offered by the surrounding structures, death rarely occurring to the patient from this first rupture. The fetus may in this situation ("and in fact it is the only one in which it does,"—Tait) survive the accident and either continue to grow to the full period of gestation, or rupture secondarily into the full peritoneal cavity, and cause speedy death of the mother from hemorrhage. Jesop's and Hoffman's cases of abdominal pregnancy were cases where the mother survived even this secondary rupture. The fetus dies, as a rule, after the primary rupture or at a later period before the ninth month, often giving rise to sup-puration in the leaflets of the broad liga-

ment, leading to pelvic abscess, which may at any time burst into the peritoneal cavity, producing a rapid septic peritonitis and death, or it may open externally by one or more fistulous tracts through the vagina, rectum, bladder or intestines. In rare exceptions the dead embryo becomes encysted and remains for years, placing the life of the woman in constant jeopardy. Cases terminating by suppuration are within the range of surgical interference.

The tubal mucous membrane plays a very trifling part in the forming of the placenta in ectopic gestation. The placenta in these cases is derived almost entirely from the fetal structures. The villi are developed early on the outer side of the ovum and receive the blood from the allantois. These villi insinuate themselves into the folds of the tubal mucous membrane. With the growth of the ovum these villi increase in number and size, the mucous membrane becoming thinner as the tube dilates, and less and less of this structure in any one locality enters into the makeup of the fetal attachments, so that ultimately the placenta when formed is, strictly speaking, made up only of fetal structures. Hemorrhages are more likely to occur in the latter months if the placenta is located above the child. This is due to the constant stretching of the peritoneum, producing a partial separation of the placenta the same as takes place in placenta previa. At the time of operating more danger is encountered from hemorrhage and wounding intestines if the placenta is situated above the child.

When rupture of the tube has occurred it does not necessarily follow that all maternal and fetal structures be entirely

and instantly separated and the embryo dislodged. This process when the rupture takes place into the ligament, is, as a rule, a gradual one; some of the chorion will remain attached to the tubal mucous membrane until the embryonal structures have established an independent existence, the child then continuing to grow; if this process of expulsion is a rapid one, the fetus dies and an apoplectic ovum is the result; the hemorrhage is small or imprisoned or the bleeding may be profuse, killing the woman in a few hours. In the apoplectic as in the uterine abortion, the hemorrhage is likely to occur at any time as long as the ovum is not removed.

There is an authentic report (Tait) of a primary peritoneal pregnancy. The cases reported as such, where the child became viable, I believe were originally tubal, then intraligamentous, secondary rupture taking place, converting it into an abdominal. In these cases the placenta will be found to occupy a position below the fetus, usually in the bottom of the pelvis. When the tube ruptures into the peritoneal cavity, the hemorrhage is always of the most profuse character, killing in many cases within a few hours after rupture, unless saved by timely and good surgery. In rare instances, when rupture takes place, and even when there has been a profound shock from the traumatism and loss of blood, the patient may rally and recover entirely.

The peritoneum has wonderful resisting powers to septic invasion, if the poisonous material is against its outer surface. This membrane can be dilated and stretched considerably if only that process be a gradual stretching.

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**Myelitis:** Be easy as to physics; a small concentrated salt enema is worth a whole lot here; acts even in paresis.

**Myelitis:** Bedsores are prevented by cleanliness and avoidance of pressure; use wire frame without mattress.

This is exactly what takes place during the slow growth of an intraligamentous pregnancy, where the protrusion of the embryo from the opening, at the site of the tubal rupture, has not been an abrupt process attended by a large hemorrhage. In intraperitoneal rupture the first bleeding may not prove fatal, after giving rise to the most alarming symptoms; but any moment the hemorrhage may occur and kill the woman before the surgeon arrives.

A hemorrhage occurring in the peritoneal cavity differs from a bleeding occurring in any other part of the body; owing to the presence of more or less lymph in the air-tight cavity, the blood does not coagulate quickly, and the clots that are formed are soft and friable and not of that character to firmly exclude the open mouths of the ruptured bloodvessels and thereby permanently control the bleeding. They are easily washed away by the blood-current with the increased force of the heart's action after the subject has temporarily rallied from the immediate depressing effects of the first hemorrhage.

The diagnosis of ectopic pregnancy prior to rupture is attended with great difficulty and is rarely made. In many of these cases there is a history of some menstrual irregularity or deviation from the accustomed course in the case under investigation, such as the missing of one or two periods, or an irregular intermenstrual period or flow occurring in a woman previously regular, culminating in an attack of acute suffering in the region of either uterine appendage, accompanied by shock and symptoms of loss of blood.

The question of diagnosis is of espe-

cial importance in many of these cases, as upon a correct opinion hinges the management of the case. Many of these cases occur in remote country districts far removed from experienced surgeons, surrounded by unfavorable operative conditions. Many cases will present emergency indications to be met promptly by operative procedures; hence, the physician should thoroughly familiarize himself with the diagnostic evidence and the operative technic, that he may be able to grasp the situation and act promptly.

There are typical cases easy of diagnosis, made so by the presence of most of all the usual expected symptoms, while there are other cases where only a few symptoms point to the pathology.

A long period of sterility, when followed by the usual train of symptoms of pregnancy is justly looked upon as a valuable aid to diagnosis. The sterility may have been the result of a diseased condition of the Fallopian tubes; with a lapse of time this salpingitis has subsided in a measure or sufficiently to permit the entrance of the spermatozoa and the ovule. The ovule measuring one one-hundredth of an inch, while spermatozoa are only one five-hundredth of an inch in diameter, the ovule may enter the tube and not be able to traverse its entire length, meets the spermatozoon in the tube and finds a denuded spot on the mucous membrane, to which it implants itself for future development.

This theory of sterility for a long time, followed by the usual symptoms of an ectopic gestation, is of some value I feel sure, as in many of my cases there was quite a period of tubal inflammatory

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After labor examine the genital tract under good light and repair all lacerations within twelve hours, if possible.—Hammond.

Keetley advises appendicostomy for mucous colitis, amebic dysentery, obstipation, intussusception and colic syphilis. He forgot corns.

history and sterility prior to the tubal conception.

The menstrual history in many of the cases is absolutely valueless, while in others it is typical—many cases will not miss a period; a typical “extrauterine pregnancy menstrual period” is a scant flow or entire cessation of flow at regular period with an intermenstrual flow ten days or two weeks later, this flow not being so profuse as at the natural period, and less colored and freer from clots. This flow may continue for weeks at a time, each day having “just a little show;” at the second or third month there is frequently a decidual escape accompanied by uterine contractions simulating very closely a miscarriage. After rupture has taken place, this flow is usually increased and will continue for weeks, or until, in some instances, the ruptured tube and fetus have been removed. This is the class of cases in which repeated curettings have been resorted to in the face of a wrong diagnosis.

In most of my cases, the primary rupture has taken place before the ninth week, and quite a number as early as the sixth, and none beyond the fourteenth week. This rupture is marked by a pain, sudden in its onset, severe and prostrating in character, lasting from a few minutes to hours. The patient’s general condition is usually much worse than that produced by an ordinary kidney-stone or other severe pain. There is a look about these cases that suggests profound shock, and that too before the hemorrhage has become so profuse as to produce the symptoms.

If the bleeding continues, the patient presents the usual condition of a blood-

less subject: the lips are like those of an unpainted wax figure, the pulse continues to grow more frequent and less strong, the patient has a fainting attack and remains so for a much longer period than is usual in ordinary syncope from pain or other causes. The physical examination shows a mass on one or the other side of the uterus, extending into cul-de-sac. If the rupture has just occurred, no clots will be found, while if the rupture occurred several days before, a vague sense of resistance and gradual yielding is elicited on bimanual examination; this is almost characteristic of blood clots in the pelvis; when once felt it is easily detected ever after.

The attack of pain from the rupture may be repeated in a few days or weeks with the renewal of the above symptoms of hemorrhage. With the subsidence of the acute bleeding symptoms, the patient may develop a temperature, due either to the absorption of the fibrin or sepsis. A localized tenderness is usual a few days after rupture, but as a rule there is not much tenderness immediately following the rupture, showing an absence of inflammatory pathology as the cause of the pain.

Tympanites without tenderness is an early symptom following the rupture, and peculiar building up of the friable blood clots often takes place in the median line, the fluid blood gravitating into the loins.

The question of the treatment of these cases is so thoroughly settled that it admits of very little discussion. The technic of individual operators must vary according to the indications to be met in the midst of each operation.

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In the *Indian Medical Gazette* we note a fine paper by O’Gorman on the treatment of cholera by alkaloids and intestinal antiseptics.

Lauder Brunton has shown that atropine exactly antagonizes the pneumogastric irritation constituting cholera.—O’Gorman, *Ind. M. Gaz.*

The operation of choice is a median suprapubic section with removal of the diseased structures. Vault-drainage in ectopic gestations is an incomplete procedure, attended with much danger at the time of operation, leaving the wom-

an with a pathological condition that will, in most instances, continue to produce disagreeable or dangerous symptoms until the cause itself is completely removed.

Kansas City, Missouri.

## WHAT IS SURGICAL CONSERVATISM?

BY C. P. THOMAS, M. D.

Surgeon to St. Luke's Hospital of Spokane, Wash.

**A**SK the average practitioner, whether he be from the country or city, his general views on surgery and he will very likely say, "Yes, I am a strong believer in surgery," but will add, "But I think it should be practised very conservatively."

It will be my aim in this short article to define the practice of some of these howlers for conservative surgery, and if possible to show wherein this form of "conservatism" is not conserving, but in fact is the reverse, tending rather to destroy; for conserve means to keep safe and sound, to save, to protect.

The practitioner is called to see a case in the throes of abdominal pain, which may be due to gastric ulcer or perforation, gallstones, appendicitis, a ruptured tubal pregnancy or anything in fact that can produce peritonitis. Without trying to differentiate he gives a dose of the ever-ready morphine, allays the pain, masks the symptoms, perhaps leaves a few more doses to be given later if required, and passes on to the next case entirely ignorant of the pathology he has left untreated in that abdomen; consoling himself with the belief that he has fixed that patient easily where "Dr. Cutter" would have rushed her off to some clean surgery and had her operated.

The next day he is again called and finds that all his morphine has been taken, that the relief was of but short duration and the patient is beginning to vomit, has much abdominal distension and altogether is quite ill. Then come the hot applications, cathartics, rectal injections, strychnine for the pulse, more morphine for the pain, and a large bunch of explanations about conservatism in the surgical treatment of such cases. He then goes home to a sleepless bed, only to await another call. This time he is told that the pain is gone and the patient appears brighter, but that vomiting continues, and her pulse is not responding so well to the heart medicine. He now finds the patient with general peritonitis, tells the family it is inflammation of the bowels and says while an operation might save, he doubts it, but says if they want it, that she cannot be moved, and that he will either do it or call some one to do it there. The latter is done and another half day is required to get this special, skilled operator, who when he arrives, by medical ethics and professional courtesy is compelled to tell the family that "all has been done that could have been" (when he knows he is lying) and that the patient is too weak to stand an operation. If he happens to be more cou-

Before inserting a hypo needle, apply a drop of chloroform to the skin; it is antiseptic and anesthetic.—Frank Pollard.

Week ending Dec. 23, Chicago health inspectors condemned 195,438 lbs. of meat at the Union Stockyards; 36,293 lbs. in the markets.



rageous than wise, an anesthetic is given, the abdomen opened to find pus and peritonitis galore which is followed by death in a few hours.

The conservative man now explains to the family, that at no time could an operation have saved the life, and signs the death certificate, "general peritonitis." In the hands of an expert surgeon, in a good hospital, this patient would have had only one or two chances in a hundred of dying while the so-called conservative treatment will show a death rate of eighty per cent.

When, Oh when, will the whole profession learn that general peritonitis is not a primary disease, but is secondary to local infection of some sort, which must be treated during that stage if a cure is to be expected and that this is the only treatment that can rightly be called conservative?

Another evidence of the wrong kind of conservatism consists of the following: A woman near forty years old consults her doctor for "womb trouble;" she is examined and told she has "ulcerations of the womb;" an application is made of some sort of medicated tampon, and she is requested to return every second day for treatment; this is continued until hemorrhages have about exhausted the patient, the entire uterus is involved in malignancy, and she is either referred to some surgeon when it is too late or told she is hopelessly cancerous and must relieve pain with morphine until she dies. Or perhaps it is not malignant but simple erosion and cervicitis, from lacerations easily curable by operation; she is treated at so much per treat, until in disgust she gives it up as incurable, finally dying of malignancy, or

else drags out a miserable existence that might have been remedied early by proper surgical procedure. This man calls himself perhaps, a Non-operating Gynecologist, is capable of doing more harm in a community than a dozen petty larcenists, and until he can be exterminated or the lay public educated, a goodly number of death certificates will be signed, cause "cancer of the womb."

To enumerate and attempt to describe in detail the awful errors that are being constantly committed under the guise of conservatism, would require a volume of no small size. Roughly it may be said to apply with force to the non-surgical treatment of all forms of tumors wherever located, to congenital deformities of every kind, to the whole list of surgical tuberculosis, to every form of inflammation which is accompanied by pus, to all the maternal accidents of child-birth, gastric ulcer, gall-bladder disease, renal and cystic calculus, chronic hypertrophied prostate, strictures (wherever located) and in fact to almost every surgical ailment to which flesh is heir.

With a technic approximating perfection, in the hands of skilled surgeons the above enumerated conditions, operated early, as soon, in fact, as a diagnosis can be made, will give results so much better than we now get that no comparison can be made. Surgery will then be looked upon as a boon to humanity, and those who follow it for an occupation will receive the honor and recognition to which they are entitled instead of the abuse at present so often heard.

Spokane, Washington.

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There are no deaths more pitiful than those due to neglect or ignorance. It is

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Many affections of the eye are attributed by Elschnig to gastrointestinal autointoxication, even in hereditary syphilitics.

De Maurans, enumerating 22 fatalities from scopolamine-morphine anesthesia, terms the method notoriously unreliable and dangerous.

the physician's business to *know*, and knowing to act. If an operation is needed the patient should have it. On the

other hand nothing is more despicable than an unnecessary operation, made for "revenue only."—Ed.

## FISTULA OF THE RECTUM.

BY CHARLES J. DRUECK, M. D.

**A** FISTULA is a non-granulating sinus within the rectum or about the anus, with one or more openings. This condition is sometimes called fistula in ano, a term which is incorrect and misleading and should be discouraged as other tissues are always involved and the anus is not always included.

These sinuses nearly always result from an abscess in the perirectal or ischiorectal tissues which has opened into the rectum or on the skin-surface near the anus. When the abscess develops in the ischiorectal fossa, it burrows outside or above the sphincter; the levator ani muscle forms its upper limit, and the abscess extends along the lower surface of that muscle into the rectum, usually at the upper level of the sphincter. The resulting sinuses are large and often branched or multiple in number, and their external opening may be quite a distance from the anus. The whole perineum and buttock may be indurated and hard; or if the abscess has emptied and refilled several times, the parts become honeycombed with a great many fistulae which communicate with one another, or with a common abscess.

Some part of the labyrinth is always forming an abscess, causing intense pain. As a result, the sufferer usually becomes an opium wreck. Kelsey reports between twenty and thirty sinuses in one of

these cases. The sinuses thus formed do not heal spontaneously, because of the retention of septic excretions and feces in the fistulous tract and on account of the dependent position of the veins when the patient is sitting or standing, which causes a sluggish return circulation, the parts being constantly disturbed during defecation or by any movement of the pelvis or legs. The small exit of the fistula helps to retain infection except in a tubercular fistula where the opening is usually large enough, but the caseous degeneration of the abscess wall promotes a fistula.

The abscess may form anywhere about the rectum but is found most frequently in the following four locations:

1. Beneath the skin near the anus.
2. Between the mucous and muscular coats of the rectum.
3. Between the rectum and the levator ani muscle.
4. In the ischiorectal fossa.

Abscesses of the first variety are the most common and a resulting fistula is just beneath the skin and does not involve the sphincter. The internal opening is in the mucous membrane and within the grasp of the external sphincter.

Fistulas are classed in the following divisions:

1. Complete: (a) ordinary; (b) external; (c) internal.
2. Incomplete or blind: (a) external; (b) internal.

Gaulejac says French forests are less tuberculous than other regions. Bosh—they have less population.

Appendicitis, hepatic cystitis and gallstones are the work of germs normally found in the intestines.—Gilbert, *France, Med.*

3. Horseshoe.
4. Rectovaginal.
5. Rectovesical.

The ordinary complete fistula is a sinus with an internal opening into the rectum and one or more openings on the skin. This is the most common type of fistula and hence its name. An external complete fistula is one with both of its openings on the skin and not communicating with the rectum, while an internal complete is one with both openings within the rectum and not involving the skin. Not every fistula communicates with the rectum, although the great majority of them do.

An incomplete (or blind) external fistula is one which begins in the perirectal or ischiorectal structures and opens upon the skin but does not extend into the rectum. An incomplete or blind internal fistula has an opening into the rectum and a sinus extending into the perirectal tissues, but has no other opening into the rectum or upon the skin. It differs from the complete variety in that there is a broad undermining of the mucous membrane, instead of a narrow channel. The internal opening is situated often at the base of an ulcer or hidden in the folds of mucous membrane.

The horseshoe fistula is nearly always an old case and takes its name from its fancied resemblance in shape to a horseshoe. In this variety, the original openings have become blocked, and the retained pus has burrowed in a new direction and found an outlet. Thus a typical horseshoe fistula has one opening within the rectum and one or more external openings on either side of the anus. The pus burrows around the rec-

tum in the loose areolar tissue and forms the new opening on the opposite side of the anus from the first. In burrowing, the pus generally passes posterior to the anus and very often the interior opening is found in the median line posteriorly. There are many deviations from this typical description, as a horseshoe fistula may have only one external opening and yet the pus may have burrowed all around the rectum and the resulting fistula be either complete or incomplete in form.

Rectovaginal fistulae are of two kinds: First, those high in the vagina; and second, those in the lower part. On the whole, they are uncommon. If the opening is small, there is little escape of feces so long as the stool is formed, but one of the most common and annoying symptoms is the escape of intestinal gas which produces a bubbling or hissing noise. The patient has, of course, no control over the escaping gas and the odor finally forces her to avoid society and to stay at home, until she becomes melancholy from brooding over her trouble.

A fistula in the upper part of the vagina is usually due to cancer of the cervix, which has generally progressed so far that curative treatment is out of the question. In the lower part of the vagina and vulva, fistula often results from imperfect union in trying to repair a torn perineum or from the sloughing of the septum after tedious parturition. Enterovaginal fistula or openings of the small intestine into the vagina, are traumatic openings produced during an operation, or else either congenital or artificial vaginal ani.

Rectovesical fistulae, like rectovaginal,

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Asthma Paroxysm: Firmly compress chest so as to press out all air a few times; hands on front and back.—Morison, *Lancet*.

Mentagra: The iodides of iron, mercury, arsenic, and gold, calx iodata and iodoform, should be given in succession or as indicated.

are the result of either traumatism or malignant disease.

Fistula about the anus is a very old disease, being described by Celsus and Hippocrates whose etiology holds good today. Very few cases are seen early in their course by the surgeon, as the sufferer first tries all the domestic remedies, because of the old superstition that a fistula is the vent of the system for certain poisonous humors, which are retained if the fistula is healed and produce by their retention some other malady, of which consumption holds first rank.

The first symptom which attracts the patient's attention is the local abscess which has the symptoms of any collection of pus; namely, redness, swelling, pain and fever. The abscess ruptures and discharges its contents, relieving the local distension; the tissues are soft and tend to retract, and contract, leaving only sufficient opening to permit the exit of the subsequent discharges. The excretions of a recent abscess are thick, abundant, and constant, but as the lining membranes grow old and are covered with lardaceous granulations, the discharges become thin, watery and lessened in amount.

After the abscess has emptied itself, the patient suffers no discomfort except the purulent discharge which is always fetid in character and sometimes contains gas and feces, making it difficult to keep the parts clean. As the retained pus burrows, forming new abscesses and sinuses, the discharge gradually increases. When the discharge from a given sinus is small in amount and irregular in its outflow, the opening tends to become occluded and retention

occurs; thus a new abscess is produced which ruptures through the old sinus or forms a new outlet. In this way two or more fistulae often connect with a common abscess. In any case, if the discharge ceases or becomes irregular, always new abscesses are to be suspected.

The incomplete internal fistulae are the most painful, because the retained pus causes pressure during defecation. Such a fistula can not be diagnosed until a digital examination is made and the finger when withdrawn is covered with pus and blood. Constipation is induced from fear of pain during defecation, and the sufferer often goes on in this condition for years before he seeks surgical relief.

Much valuable information as to the character of the fistula and its extent is learned from the patient's description. If a slight abscess, recently ruptured, and having a free discharge of a small amount of pus is found, a small fistula with openings near the external sphincter is indicated.

The position of the patient for examination is largely a matter of choice. The lithotomy position is more advantageous where the trouble is at the anus or not too far within. The Sims' position, the patient resting on the affected side, is preferred by many, especially when making a specular examination. When the trouble is high up within the rectum, the knee-chest position is better. No one position suits all cases and even during the examination of a given case it may be of considerable advantage to change the position, because the entire field must be explored. Even if one fistula is found, a thorough search

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**Metritis; acute:** Fever, headache, hard, wiry pulse, give aconitine or veratrine to effect, with local cleansing of endometrium.

**Metrorrhagia:** For acute flooding with straining pains, give a grain of emetine with precautions against vomiting.

must be made, for others or for other rectal troubles. With such an examination, the diagnosis is not difficult except in internal, incomplete, or in the horseshoe variety.

It is necessary to separate the buttocks by grasping the glutei on either side with one hand, the fingers reaching toward the anus, when by gentle traction the external fistulous opening, if near the anus, will be seen in a little depression or in the center of a mass of granulations in the radiating folds of the anus. The external opening may be, however, quite a distance from the anus even out on the thighs or legs, and be so small as to escape a cursory examination, unless a drop of pus be pressed out during the manipulation. It may be so small as to admit only a fine probe, except in the tubercular fistula when it is usually ragged or appears as though in the base of an ulcer. By palpating about the anus, the tracts may be detected subcutaneously by their hardness, and by a finger within the rectum pressing toward the induration a drop of pus will usually exude from the external opening.

The tract is sometimes direct from one opening to another, but there is not necessarily a sinus, the abscess may open directly on the surface. In a recent, straight fistula, the external opening is large. Sometimes the tract is very circuitous and the pus may burrow under the gluteal muscles and open in the groin, or on the thigh, even as low as the popliteal space. Sir Astley Cooper mentions an autopsy where a fistula opened into the groin, but he traced it back along the course of the spermatic cord and found it ended in apparently an ordinary fistula in the rectum.

The internal opening is frequently just above the external sphincter and is found as an indurated spot or a raised mass or else as an ulcer with rough edges. All ulcerated and inflamed spots must be carefully examined, because they often contain the internal opening of a complete fistula or of an internal incomplete.

In case the internal opening is not found, it may be located by injecting milk or some colored fluid through the external opening. The anus being dilated enough for inspection, the fluid will be seen as it comes through the internal opening into the rectum. Injecting hydrogen peroxide for diagnosis has been preferred because the gaseous disintegration dilates all parts of the sinus and bubbles through all the internal openings if more than one are present, but there is also the danger of driving infective material into new and healthy tissue. The short cylindrical speculum is especially serviceable in these cases. The internal opening is not always the upper limit of the fistula, for the mucous membrane may be undermined for several inches above the opening.

A word about probing a fistula: Probing at times other than when operating is objectionable and dangerous, because it is painful and may produce new channels and besides, affords no information but what is gained from careful inspection and palpation. If the probe is forced out of the sinus and into the tissues, it may mislead the examiner as to the condition of the old fistula, besides carrying infection into new fields and thus forming new sinuses. I never probe a fistula until I am ready to operate; nor do I hunt unnecessarily for the internal

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**Metrorrhagia:** For persistent oozing give hamamelin gr. j every half-hour till the benefit is evident, with proper posture.

**Metrorrhagia:** For free flooding requiring prompt and effective intervention, give atropine enough to flush the skin.

opening. It matters little whether one finds the internal opening or not before the operation, for when operating it is easily found.

Spasmodic contractures occur during examination if the patient is awake, which makes the examination more painful and dangerous, but when the patient is anesthetized and quiet, there is no trouble in tracing out any or all sinuses. When probes are useful, a large variety are essential from a fine silver probe to a large, soft uterine sound. The probe must be introduced carefully and without force until it has gone as far as it will, then with the index finger of the left hand within the rectum, one may find the probe projecting through the internal opening or in some instances, covered only with the mucous membrane or again, it may have passed away from the rectum and can not be felt at all.

Lardaceous granulations, the result of chronic inflammation, line the tract of the fistula and contain many new-formed blood-vessels. The granulations prevent healing of the sinus by keeping the walls apart. A recent fistula is, however, sometimes lined with healthy granulations which form new tissue, and such a fistula may heal spontaneously.

Blind internal fistulae are the most difficult to diagnose and are found only after a careful examination of the interior of the rectum. Any case presenting persistent uneasiness within the rectum and showing the presence of pus in the stool, unless otherwise explained, should be thoroughly examined.

The following case is cited to show how misleading examination may be: Mr. S. S. W. passed through a mild attack of typhoid fever and at the end of the

third week developed a perirectal abscess which was lanced and which healed except a small sinus. From a pinhole opening of this sinus there exuded a discharge imperceptible in amount, but sufficient to keep the parts moist and fetid. A digital examination of the rectum some months later revealed a small amount of induration above the external sphincter, but no distinct cordlike sensation that would signify a sinus. The director was introduced and brought out at the margin of the anus, as shown



Location of Fistula.

in the illustration, and the tissues were divided along its full length, thus exposing a suppurating surface irregularly circular in outline, about one and one-half inches in diameter. All the edges and pyogenic surface of this ulcer were removed and the openings of two deeper sinuses were brought to view. The first tract led almost to the base of the urethra and important structures had to be separated to lay it open; the second penetrated the rectum just above the sphincter.

This latter opening was closed with chromicized catgut sutures after the method of treating rectovaginal fistula, and with the connective tissues sutured over the first stitches to give additional support. The sinus leading toward the deep perineum was packed wide open

**Metrorrhagia:** Ergotin acts too slowly for acute emergencies, but may follow and prolong effects of atropine.

**Metrorrhagia:** Climacteric forms are said to respond well to cannabis—give enough to fully act; small doses do harm.

and allowed to granulate from its base. It is important to mention at this time that the finger within the rectum detected nothing that would suggest deep sinuses, but nevertheless two very important diverticula existed. Inspection of the case, as shown in the above illustration, gives the impression that this is a simple external, complete fistula which would heal kindly if divided on the director.

However, such an operation would have been worse than useless, because only the outer part of the sinus

would have been treated and the case, doubtless, would have healed over only to reform again in a few weeks. The stereotyped operation as set down in the text-books, or treating the sinus by as-tringent injections, would have been a signal failure. This case is detailed and the illustration given to show that each case must be treated upon its own conditions. Frequently narrow-branched tracts lead off into the deep tissues and perhaps encroach seriously upon the vital organs.

Chicago, Illinois.

## GUNSHOT WOUNDS AND A MOUNTAINEER'S METHOD OF TREATING SAME.\*

BY CASSIUS DUDLEY MANSFIELD, M. D.

President Powell County, Kentucky, Medical Society; Chairman Powell County Board of Health.

**I**N this paper I will deal with gunshot wounds, other than those of the abdomen (in which the treatment which I advocate would not be proper), limiting myself to gunshot wounds of thorax, arm, thigh, head, etc.; but including also wounds made by arms of small bore: shotgun and revolver.

Wounds produced by rifle or revolver balls at full speed at the point of entrance are often small, circular, clean-cut and with inverted edges, but at the point of exit large, irregular and with everted edges.

As the distance from the weapon increases and the velocity of the ball diminishes so the wound of entrance becomes less circular and regular, larger and more contused the wound. When the ball has passed through the part the wound of exit will probably be larger

than the projectile, more irregular, torn and everted than that of entrance, the subcutaneous fat often projecting; at times, however, with the bullet of the modern firearm discharged at full speed it is difficult to distinguish by its appearance the wound of entrance from that of exit. In the patient's clothing when the wound of entrance is merely punctured, that of exit will be lacerated.

The pain caused by a gunshot wound depends upon the parts that are injured. In a general way it is not severe, and when so, is evanescent; some patients have told me that it was a sudden, stinging sensation—others simply noticed that the limb or part suddenly became numb, with pain coming on later. When the trunks of nerves are divided or injured, intense pain may be felt and usually the patient complains of more pain being felt at the wound of exit than at that of entrance.

\*Read at the Meeting of the Kentucky Valley Medical Association.

**Metrorrhagia:** Of the digitalis group, digitalis is most vasoconstricting; slow but hangs on like a bull dog.

**Metrorrhagia:** For prolonged and certain effect we rely upon hydrastinine, acting on smaller arteries.

Shock, when a large bone is suddenly shattered or a cavity penetrated or important viscus wounded or a limb injured by a pistol or rifle ball, is often profound—the most prominent symptom being the general distress of mind and alarm which the patient shows upon his face and which comes on almost instantaneously upon the receipt of the injury; this is generally described as the “shock of the gunshot wound.” The patient trembles and totters, is pale, complains of being faint, perhaps vomits and sinks to the ground; his features express extreme anxiety and distress. This emotion is in great measure instinctive and seems to be sympathy of the whole frame with the part subjected to serious injury expressed through the nervous system.

As a general rule, however, the graver the injury the greater and more persistent is the amount of shock. A rifle or revolver ball which splits up a long bone into many longitudinal fragments inflicts a very much more serious injury than the ordinary wound from a shotgun at some distance when loaded with fine shot; and the constitutional shock bears like proportion to the injury received. When a ball has entered the body, though its course be not otherwise indicated, the continuance of shock is a sufficient evidence that some organ essential to life has been implicated in the injury.

I have seen in one case where a shotgun was used at short range the felt wad imbedded in the soft parts and when I removed the wad I found the edges of the wound were perfectly smooth and clean-cut as though a gun-wad cutter had been used to remove the tissues.

The amount of hemorrhage attending a gunshot wound varies according to the size and situation of the wounded vessels. When large vessels are involved death is rapid and such cases do not come under the mountain doctor's notice. In the cases that have come into our hands, there has been an attack of hemorrhage directly after the injury, but little more—possibly some oozing, but rarely much. I have seen more hemorrhage from a typhoid fever patient's nose than I have ever seen from any single gunshot wound. There is more hemorrhage when the blood-vessel is only partly divided than when it is directly divided as it has no chance to retract when only part of its caliber is carried away.

Secondary hemorrhage is common in gunshot wounds and is due as a rule to the reopening of a wound in a vessel temporarily closed or to the sloughing of some part of its walls that had been injured. In the former case the new tissue that had stopped for a time the flow of blood gives way under some sudden movement or local mechanical force, such as some foreign body in the wound, or breaks down during the suppurative or sloughing process; in the latter the injured coats of the artery are cast off, having been destroyed by some contusion or other violence. In either case the thrombus or clot in the vessel is not sufficiently well formed or organized to resist the force of the blood-current from behind; when the clot is well organized there will, of course, be no hemorrhage.

The first thing is to sustain the heart by whisky or glonoin, if needed, and the next step and that quickly, is to look out for the injured blood-vessels and arrest

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**Metrorrhagia:** Bleeding, hyperemia, cancerous or from fibroids, may stop from a maximal dose of morphine—a grain at least.

Scutellarin when pupils are dilated, patient sluggish, sleepy; cyripedin for contracted pupils, restless, insomniac.—Burdett.



the hemorrhage by torsion, ligature or allowing the artery forceps to catch the leaking blood-vessel and remain on until the patient can be moved to a suitable place to finish the dressing. No unnecessary manipulation of the wound with probe or finger is permissible, and unless the ball is near the surface it is best not to destroy any tissue in an attempt to remove it. When a foreign body has been detected (as pieces of clothing, dirt, etc.) it should be removed and the wound cleaned; then with a dusting can, it is well to dust every portion of the wound that is accessible with pulverized carbo ligni until the wound is covered one-half inch or more. And as the charcoal is dusted into the wound it should be saturated with spiritus frumenti, and afterwards kept well moistened with same. Over this a piece of sterile gauze is placed and plenty of absorbent cotton. After

the dressing is applied, the patient must be placed in the most favorable position to promote free drainage and if suppuration takes place (and it usually does) it is necessary to clean out the wound with dioxogen and irrigate with 1-2 to 1 per cent solution of the 40 per cent solution of formaldehyde.

Also it is essential to clean out the alimentary canal with 5 to 7 1-2 grains of calomel, combined with 10 to 15 grains of bicarbonate of soda at bed-hour, and follow the next morning with a tablespoonful of magnesium sulphate in a glassful of pure water. Quinine may be given as long as the patient has temperature above the normal, and when it sinks to the normal then it is advisable to substitute tonics of iron, nux, bitter wine of iron, etc. Keeping the patient on a liquid diet as long as the temperature is above the normal is desirable.

Stanton, Kentucky.

## SURGICAL NOTES

### X-RAY FOR TUBERCULOUS TESTICLE.

In a late paper, Professor W. B. DeGarmo, of the New York Post-graduate Medical school, reports what he believes to be the pioneer case of tuberculosis of the testicle successfully treated by the x-ray. The patient was a robust man, aged fifty-six, who had always enjoyed good health. He had gonorrhea twenty-five years previously, but denied syphilitic infection. For the past five years the left testicle gradually increased in size and was the seat of considerable pain. During the last eight months there was gradual decrease in

weight. The testicle was the size of an orange, hard, nodular, and tender to pressure. After several months' delay the patient consented to removal of the testicle, which was done, and on examination it was found to be tuberculous. About two months later the right testicle became involved. The patient refused to have it removed, and the x-ray was applied. When treatment was begun the testicle was several times its normal size and had the clinical appearance of tuberculosis. One hundred and twenty-six treatments of ten minutes each were given within a period of ten months. A medium tube was used at about ten inches. The first application

For office dispensing disks and globules are a vast improvement over liquids in convenience and cost.—Harvey.

What does Howes say when the cork comes out of his tincture bottle and ruins his pocket-case? Too strenuous for publication?

relieved the pain. Swelling and tenderness gradually subsided, until at the last treatment the testicle was apparently in a "normal condition."

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#### LOCAL ANESTHESIA IN OPERATIONS FOR HERNIA.

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Dr. John A. Bodine, of New York, has now used local anesthesia in more than 300 operations for the radical cure of hernia. As a result of this experience he claims that by proper cocainization the operation can be rendered absolutely painless. He employs a one-fifth of one per cent solution and never injects more than one-half grain of cocaine, so that serious symptoms of poisoning never occur. This solution is used for skin infiltration and cocainizing the nerve trunks; for the deeper tissues a solution half this strength is used. The solution should always be fresh, as aqueous solutions of cocaine are certain to deteriorate.

The method is as follows: The skin is first infiltrated; the proper depth to which the needle is penetrated into the skin being such that the needle is always visible just beneath the surface. The skin having been anesthetized the needle is plunged through the skin and the tissues around the external ring are infiltrated. The skin incision down to the aponeurosis is then made. If there is much fat this is also infiltrated with a 1-1000 solution.

The ilio-inguinal nerve is then exposed and is cocainized at the higher point. The dissection can be carried out further into the external ring; the two flaps of fascia are retracted exposing the shelving border of Poupart's ligament

externally and the conjoined tendon on the inner side. The ilio-hypogastric nerve can be searched for, and if found, cocainized; which will materially assist in securing painlessness of the operation. If it is not found the margins of the internal ring and the adjacent part of the conjoined tendon are injected with a one-tenth of one per cent solution.

Along the center line of the long axis of the protrusion, a line of infiltration with the same solution is made. The sac is then opened and the contents dealt with as occasion requires; there being practically no sensation in the omentum and intestines no application of cocaine to them is necessary. The neck of the sac is infiltrated, dissected away from the underlying cord, ligated and amputated. The genito-crural nerve is sought for, and if it is found and cocainized the operation can be completed in any manner the operator prefers without additional cocaine. If the nerve is not found, the operation must be completed as speedily as possible as there will quickly be a return of sensation. The ultimate results are as good as under general anesthesia.

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#### REMOVAL OF PIN FROM THE LUNG.

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A remarkable operation, removal of a pin from the lower lobe of the lung by transverse pneumotomy, is described by *Therapeutic Gazette* from the practice of Drs. Russell and Fox, of London. The patient, aged twelve years, was admitted to the hospital in September. Five weeks previously a large, black-headed shawl-pin had accidentally slipped down

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Harvey (*Los Angeles Jour.*) says granules may be carried or sent by mail easier than any liquids; and he is right. Big point.

Without much argument, I think we will agree that the highest branch of medicine is therapeutics.—L. Emmett Holt, *Med. News*.

the trachea. A week later cough, and later still bloody expectoration, set in. Fox found by the radioscope that the pin was in the left bronchus two and one-half inches below the bifurcation; subsequently it was found to have migrated further down. The symptoms were slight, and auscultation revealed nothing.

After some experiments upon the cadaver by way of preparation, the operation was undertaken. The patient was placed upon the right side and a flap raised. A portion of the left eighth rib six inches long was removed from the posterolateral aspect of the chest, and air was allowed to enter the pleural cavity through a small puncture. The pleura was then opened the full length of the wound. The fingers of the left hand were next passed between the lung and the diaphragm, the lower lobe grasped near its root and drawn toward the opening. The position of the pin was ascertained by gentle palpation with the right hand.

A small incision was made in the lung over the pin's head; a sinus forceps, unopened, was pushed in until the pin was felt, and by hitching the instrument under the neck of the pin the head was easily lifted out of the wound and the pin withdrawn. There was no hemorrhage, but an abscess had begun to form around the head

of the pin. No suture was put into the lung.

The flap of skin was replaced and sutured except about two inches in the middle, over which portion oiled silk dressings were applied and a dressing put on. In this way free escape of air from the pleura was insured while entrance of air was discouraged. Some pneumonic consolidation took place, as did some suppuration around the incision, but no suppuration took place in the pleura. In twelve days the patient was able to leave the hospital perfectly well.

#### ENEMA AFTER ABDOMINAL SECTION.

After abdominal section cathartics can not be given early by the mouth on account of nausea. In such cases when it is desirable to secure bowel-movement the following enema thrown high into the rectum, may be given:

Epsom salt ... 50 per cent sol.  
Turpentine and glycerin, of  
each ..... 2 ounces  
Water ..... 6 ounces

The injection is to be held in the bowel as long as possible by the patient. It is well to anoint the inner thighs and buttocks in order to prevent irritation of the parts should they come in contact with the turpentine by mischance.

### GYNECOLOGICAL NOTES

#### PRURITUS VULVAE.

Itching of the vulva, especially in pregnancy, may become so bad as to cause sleeplessness, loss of appetite and flesh

and great mental irritation. In cases of such severity the patient should not be left to carry out the treatment herself but the doctor himself should at once practise Ruge's antiseptic toilet of the

With the belief that unless amenable to surgery treatment amounts to but little I have little sympathy.—L. Emmett Holt.

Attacks of acute indigestion in infants must be managed according to dietetic rules.—L. Emmet Holt, *Medical News*.

vulva: The vulva, vagina and cervix are thoroughly washed with soap, all folds and creases in the mucosa being opened up; then the vagina is freely washed out with a weak sublimate solution, at least 16 pints being used. This process lasts a quarter of an hour. One treatment usually definitely cures the patient, but Ruge usually performs the "toilet" two or three times, and applies to the vulva each sitting an ointment of carbolized vaseline. While there may be a purely nervous pruritus, the satisfactory effects of Ruge's treatment seem to show that, even in pregnancy where no objective local symptoms are present, the disease is often due to bacteria. For the less serious cases of pruritus vulvae, Skene advises:

R̄ Acidi salicylici ..... 5  
 Lanolini ..... 95  
 Misce et ft. ungt. Sig. Apply three or four times daily.

#### FOREIGN BODIES IN THE VAGINA.

Foreign bodies are frequently carried in the vagina for years before they produce serious trouble. Orloff mentions the case of a woman of sixty-six who was admitted into the hospital suffering from pains in the hypogastrium and vagina and a fetid discharge. Married at twenty-six, she had her first child at thirty-four, and afterward suffered from severe pains in her lower abdomen due to prolapse of the womb. These pains became much worse after her second confinement, and the patient then herself introduced a croquet-ball into her vagina. From that time the weight and pains ceased; the functions of the bladder and rectum were not disturbed. On

examination the vagina was found in a condition of senile atrophy; the finger impinged upon a round and hard body. The urethra admitted an ordinary sound, the urine was clear, and there was nothing abnormal about the rectum. On account of the senile atresia of the lower part of the vagina it was necessary to remove the round ball piecemeal, though it was quite movable in its place. A pronounced colpitis with some superficial ulceration was cured in five days. The ball had been more than thirty years in the vagina without causing any serious lesion. The wood of which it was made seemed in no way changed.

#### INOPERABLE CASES OF CANCER OF THE UTERUS.

When cancer of the uterus is advanced too far for curative operation, several methods of treatment promise prolongation of life and diminution of suffering. The most popular, perhaps, is the use of the Roentgen ray. If the ray could be applied directly to the diseased surface there is no doubt that cures might be effected in some deplorably bad cases; but the situation of the diseased area is such that the tube cannot be brought close to it—hence all that can be promised is the lessening of pain. In some cases the effect is very gratifying, relief from extreme pain often persisting for forty-eight hours after the seance. A low tube should be used, placed as near the vulva as possible, the skin being protected by thick plates of lead-foil and the perineum widely retracted and also protected; a glass speculum is generally employed. Fifteen minutes' exposure every other day is the usual rule as to time and fre-

Chronic or habitual indigestion has reference generally to one special element of the food; fats, CH or proteids.—Holt.

I often tell my patients that there is one sovereign remedy for acute indigestion, and only one, viz., starvation.—Holt.

quency, but if there be not too much reaction it may be used every day. A second method is the injection of 5 drops of a one per cent solution of soap into the tissues beyond the sloughing mass, the amount being increased 5 minims every other day until a full dose of 60 minims is reached. These injections were first made upon the theory of local injury or of defect of soap in the biliary secretion permitting separation of cholesterol from the living cell; but whatever the conclusion may be as to the correctness of the theory, in practice very beneficial results have been recorded. A third method consists of subcutaneous injections of 5 minims of a 20 per cent solution of chian turpentine in sterilized oil, the dose being increased 5 minims every other day until a dose of 20 minims is reached. Numerous favorable reports have been made.

#### GENITAL TUBERCULOSIS.

Primary tuberculosis of the female genitalia may be found in very young children, Demme having reported cases at seven and thirteen months. Other authors report tuberculous vulvar tumors in a child of two years and ulceration in a child of four and one-half years. Tubal tuberculosis is quite rare, however. Carpenter's method of combined rectal and bimanual examination revealed genital tuberculosis in all cases ranging in age from fourteen months to nine years. In the practice of McNaughton Jones in the youngest patient there was a hard mass in the umbilical and hypogastric regions with the right ovary adherent to it. As regards diagnosis, the most important thing is local examina-

tion of the vulva, vagina and portio vaginalis, assisted by a bimanual examination (through the rectum) of the uterus and adnexa under anesthesia; a microscopic and bacteriologic examination of some portion of the affected tissues is desirable, if obtainable as would be a similar examination of fragments from the uterine cavity after curettage in older patients. The presence of tuberculosis in other organs adds to the probability of the suspected growths being tubercular. The appearance of the ulcers, if present, is similar to that of tuberculous ulcers elsewhere. Much information may be gained by recognition of tuberculosis of the pelvic peritoneum, which almost always accompanies similar disease of the genitals, and which may, according to Hegar, be detected on internal examination of nodules that are almost pathognomonic. These nodules are found chiefly on the posterior surfaces of the sacrouterine ligaments and frequently the tube has the form of a rosary with very hard nodules. A nodule in the pars uterina is also a fairly reliable sign of tuberculosis.

#### URETHRAL CARUNCLE.

A caruncle is defined as a small, abnormal fleshy growth. By the term urethral caruncle is meant a small, bright-red growth upon the posterior lip of the meatus urinarius. Examination of the growths show them to be composed of the hypertrophied papillae. They are very vascular, very sensitive, and in some cases bleed readily if touched too roughly in making an examination. They are most frequent after 35 or 40 years of age, and in women who are married and

**Pneumonia:** Whatever is said theoretically no one with enough experience can doubt strychnine's efficacy for weak flagging heart.

**Pneumonia:** When the heart is wearing out, strychnine hypo must be pushed to the physiologic limit.—Kohn, *Medical News*.

who have borne children. They are probably due to a congestion of the urethral veins caused by pregnancy, uterine displacements or chronic constipation.

Irritation of the parts from diet, or certain vaginal discharges, such as gonorrhea, etc., may also produce them. Urethral caruncle may be single or multiple. It may be attached to a pedicle or by a broad base. The most frequent situation is at the external meatus, although they may spring from any part of the urethral canal. They vary in size from a pea to an olive. The size of the tumor bears no relation to the character and acuteness of the symptoms: a very small growth may be attended with great distress, while a large one may cause no symptoms.

Urethral caruncle doesn't always produce symptoms. Pain in urination is the most prominent symptom of a urethral caruncle. The pain may be slight in some cases, while in others very acute and severe. Again, the pain may be slight at first and then gradually increase in severity. Patients often complain of severe pain in walking or during the act of coition. Under these circumstances it is the mechanical irritation of the sensitive part which causes the distress. After a long time and much suffering the general health may give way and the woman becomes emaciated, weak and mentally despondent.

These little growths must be carefully differentiated from (1) syphilitic growths, (2) eversion of the mucous membrane, (3) papilloma and (4) malignant tumor. (1) Syphilitic growths are warty in character and are scattered over other portions of the vulva. (2) Eversion of the mucous membrane is a comparatively

rare condition. It involves, as a rule, the entire circumference of the urethral canal and fills up completely the opening of the external meatus. Only a very large caruncle could be mistaken for eversion of the mucous membrane, as a small tumor would only interfere with the circumference of the external meatus at the point of its attachment. The differential diagnosis between a large caruncle and eversion of the mucous membrane is readily made with a bladder sound. In the former the sound will enter the urethra at any point except where the tumor is attached, while in the latter it cannot pass except at the center of the tumor which corresponds to the opening into the urethra; at no point along the edge of the meatus is it possible to introduce the instrument. (3) Papillomatous growths are harder and are inclined to become much larger, are much less painful and tend to exfoliate. (4) Epithelioma of the female urethra is very rare, grows much more rapidly and soon involves the contiguous parts.

The prognosis is not good; however carefully they may be removed recurrence will follow in a large proportion of cases, and of this the patient should be warned. Pedunculated ones give best results. A caruncle situated high up in the urethral canal is more difficult to thoroughly remove, and is more likely to return.

The treatment of a urethral caruncle is purely surgical. A tumor with a pedicle is readily removed by grasping it with a pair of forceps and cutting it away from its attachment to the urethra with scissors curved on the flat. If the base be carefully burned with the smallest tip of a Paquelin cautery recurrence

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Before catheterizing inject tr. aconite gtt. x into rectum.—Wherrell. Better apply aconitine 2 granules in water to glans.

For tired feeling: Chionanthus, phosphorus, nux and xanthoxylum. — Wherrell, *Med. Arena*. Three granules each before meals.

is minimized. No dressing is needed as the raw surface left is too small to require any attention. In tumors having a broad base the technic of their removal is the same, except that the raw surface left is large and should be covered by stitching the mucous membrane over it, instead of cauterizing. This is the best method, as healing takes place at once; the stitches are removed at the end of one week. Another plan is to cauterize the raw surface with carbolic or nitric acid, and allow it to heal slowly by granulation, a method which may be adopted when the raw surface is not too large. Should there be any bleeding it is controlled with a compress and T-bandage. When the growth is situated high up in the urethral canal, the urethra must first be dilated and the growth removed through a small speculum.

#### CANCER OF UTERUS.

*Prognosis after Hysterectomy.*—Figures differ according to the skill of the operator and the kind of patients operated upon. Schauta reported that of all his cases of carcinoma operated on, the percentage of deaths from recurrences was 21.4 by the close of the first year; 39.2 at the close of the second year; 53.1, third year; 62.7, fourth; 66.4, fifth year, and 75 the sixth year. This is a much better average than Krukenberg's statistics. He found that only 17.6 per cent were free from recurrence at the close of the fifth year, of all the patients operated on in the German clinics for carcinoma of the cervix. Still even so small a percentage of cures as 17.6 entitles the woman to the benefit of radical treatment. If the disease were recognized

earlier and instant operation insisted upon the ultimate results would be much more favorable.

#### GONORRHEA IN PROSTITUTES.

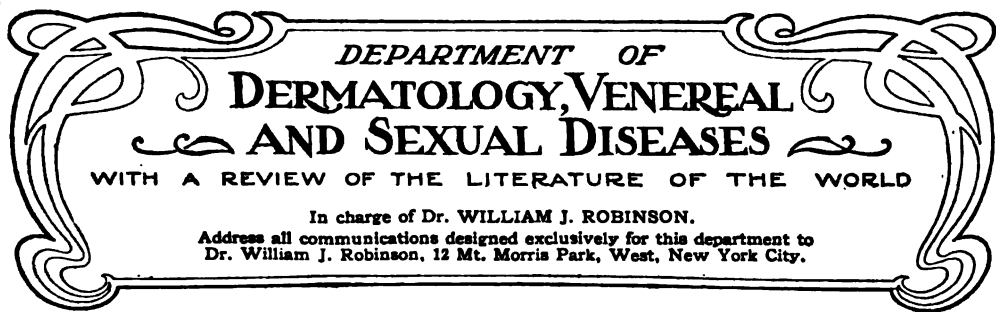
Pryor made a careful examination of 197 prostitutes with the following results: (1) Cervix-Uteri—Gonococci present in thirty-three and one-third per cent. (2) Vagina—In only one case was the germ found alone; in six cases it existed in conjunction with other germs. (3) Urethra—Out of the entire number examined, gonococci were found in 112. (4) Fifty-three of the above cases were kept under observation and at the end of five months the germ was found to exist in the cervix of seventy-five per cent; and in the urethra slightly less. This goes to show the correctness of Noegerrath's assertion concerning women: "Once a gonorrheic always gonorrheic."

#### TURPENTINE FOR POST-PARTUM HEMORRHAGE.

Turpentine is an excellent antiseptic agent; and *Pacific Medical Journal* now states that in post-partum hemorrhage the drug is a prompt and efficient remedy. A piece of lint saturated with turpentine should be carried directly into the uterus, so as to bring it in contact with the inner surface. In one or two cases where the patient was almost pulseless it seemed to act as a stimulant, but on no occasion did it fail to instantly check hemorrhage and produce contraction.

A physician should know just what a drug will do in a case before he gives it and see that it does it.—Wherrell, *Med. Arena*.

Two grains of ergotin three times a day will control many cases of the night sweats of phthisis.—*Medical Arena*.



## THE TREATMENT OF SYPHILIS BY INTRAMUSCULAR INJECTIONS.

**W**HAT is the best method of administering mercury in syphilis? All syphilologists, all scientific physicians, agree that mercury is the remedy for syphilis. The number of antimercurialists is very rapidly diminishing and will very soon be reduced to a round figure—zero. But as to the best method of administering mercury, the greatest dissension prevails.

In France, England, and in this country, the method of administration per os is still in vogue and it will probably remain the favorite method with the general practitioner in all countries. It is the easiest method for the physician—what can be easier than writing a prescription? It is certainly the most convenient method for the patient. It is indisputably more convenient to swallow a protoiodide pill or a teaspoonful of "mixed treatment," than to rub in ointment or undergo a course of intramuscular injections.

But in treating a disease of such sinister possibilities as syphilis, convenience should be considered of secondary importance—of primary importance should be the efficiency of the treatment. In Germany, Austria, Switzerland, etc., the syphilologists are fairly evenly divided between the inunction and the injection

methods, with the latter gaining greater and greater predominance. The great superiority of this method is also beginning to be recognized in those countries in which the internal method has held almost exclusive sway.

A paper by Dr. F. J. Lambkin, in the *British Medical Journal* (Nov. 11, 1905) is an important contribution to the subject. The author bases his report on 3,230 cases of syphilis in British soldiers.

Mercury per os and by inunction having failed to give the desired results, the intramuscular method was introduced in 1888, and the author claims great superiority for this method. He has given in all about 60,000 injections. About 10,000 were made of the insoluble salts of mercury—calomel and salicylate, and 50,000 of metallic mercury.

The metallic mercury was injected in the following form: mercury, half an ounce; lanolin, two ounces; liquid paraffin (containing 2 per cent of carbolic acid) up to five ounces by volume. The mercury is rubbed up with the lanolin in a glass mortar for two hours until no globules of the metal can be seen by the naked eye, and then only is the liquid paraffin added. [This formula presents nothing original. It is a slight



modification of Lang's Gray Oil, introduced by Prof. Lang of Vienna in 1886. —W. J. R.] Ten minims of this preparation contain one grain of metallic mercury and this is the maximum dose administered once a week. The injection is practically painless, very slowly absorbed, but is very active. No ill effects, such as local abscesses, salivation, emboli, etc., have followed the numerous injections given by the author.

The technic is that usually adopted for such injections: The solution is warmed before use, especially in cold weather. The syringe is of glass and the needles, of rather large caliber, of platinum-iridium. No sterilization of the "cream" is necessary, but the skin of course is aseptized, and the syringe and needle are washed out with boiling oil. The gluteal region is the best place for the intramuscular injections, which are continued weekly for six or eight weeks, until all active signs of the disease have disappeared, and are then given once every two weeks for three months. A rest is then taken for two months and then the fortnightly injections are resumed for another period of three months. It goes without saying that all adjuvant hygienic measures are not to be neglected.

#### THE EFFECT OF THE X-RAYS ON THE PROCREATIVE ORGANS.

As we were about to enter the Roentgen Institute of the Vienna University, in which several x-ray machines were going, we were stopped from proceeding further by an old nurse who quickly put a leaden apron about our loins, and told us that now we were all

right and could go ahead. Everyone present in the room, with the exception of the afore-mentioned nurse, wore an impermeable apron. When I jokingly asked the nurse why she didn't wear an apron she replied smilingly: "Oh, it can't hurt me. I am an old woman."

They are very much afraid in Europe of the effects of the Roentgen rays on the testicles and ovaries, and in many clinics nobody is permitted to work with the x-rays unless properly protected. The danger is not problematic but has been positively demonstrated both on human beings and on animals. The effect is not on the *potentia coeundi* but on the *potentia procreandi*. The subject is not aware of any change in his condition, but the spermatozoa which are present are killed off and their production is stopped.

A patient of Mewborn's with psoriasis of the scrotum was subjected to twenty-five x-ray seances of five to eight minutes each and the result was complete azoospermia, which persisted fifteen months after the treatment was stopped. Ovaries of rabbits exposed to the x-rays show remarkable microscopic and macroscopic changes.

According to Halberstadter "the histologic change most marked was the complete disappearance of the Graafian follicles, in about fifteen days. Whether this loss is permanent or not, or whether or not regeneration can take place has not yet been determined. It was also found that the ovaries seemed more sensitive to the effect of the rays than the skin of the abdomen and when compared with control experiments in male rabbits, developed degenerative changes in shorter time and with fewer exposures. How far these observations in

Pneumonia: Caffeine hypo is excellent but must be guardedly given when there is delirium or restlessness.—Kohn, *Medical News*.

Pneumonia: In pulmonary edema, atropine and strychnine with glonoin in one hypo is an effective remedy.—Kohn, *Medical News*.

animals apply to human beings, cannot yet be definitely stated, nor is it known how permanent the effect may be."

At any rate prudence is the better part of valor, and as, fortunately, protection by the aid of an impermeable apron is so easy, there is no reason why all men, and all women (before the climacteric), who have to do with the Roentgen rays as manipulators or patients, should not be so protected.

At a recent meeting of the California Academy of Medicine, Dr. B. F. Carpenter stated that he knew of an x-ray operator who had no active spermatozoa in his semen as long as he was using the rays regularly. On discontinuing the rays, the spermatozoa reappeared.

#### THE DANGER OF CONCEALING A SYPHILITIC HISTORY.

One would think that when a patient comes to consult a physician for some ailment, he would be anxious to throw all possible light on his case, so that the physician might be in full possession of the facts, and do the best he can. Not so. How often do we come across patients who stoutly and with apparently perfect sincerity deny having been infected with gonorrhea and syphilis!

Syphilitics are especially apt to prevaricate; and this is so common an occurrence that in European clinics they have adopted the dictum: "*Omnis Lueticus Mendax*—all syphilitics are liars. How dangerous a denial of a previous syphilitic infection may prove to the patient is seen from a case referred to in the *London Lancet* (Nov. 25, '05). The case is as follows:

A man, aged forty years, who had

chronic urethritis and stricture for which he had undergone operation, complained of loss of weight and strength. A painless enlargement of the liver had been detected by a genitourinary specialist. There was no history of alcoholism, syphilis or malaria. The complexion was sallow and the temperature and urine were normal. The liver was moderately and the spleen a little enlarged. A tentative diagnosis of congestion or early cirrhosis of the liver was made. Under treatment the patient improved.

Eight months later, when he was again seen, he had much changed for the worse. For two or three months his health had failed, he had lost weight and strength and had suffered from cough, night sweats, and pains in the lower part of the chest and right shoulder. The chest and sputum were repeatedly examined for tuberculosis with negative results. The patient was pale and sallow, but not jaundiced. The feces were scanty, dry and pale. There were a constant rise of evening temperature to 100 or 101° F., a morning remission to subnormal, and profuse night sweats, with occasional slight chills. The liver was moderately enlarged and had a well-defined margin. It was very tender, and on deep respiration, dragging pain was felt over it and radiated to the right shoulder and upper chest. The spleen was somewhat enlarged, palpable and tender.

Two months later light was thrown on the diagnosis by the detection of a small tender node at the costochondral junction. Only then did the patient admit that he had contracted syphilis eleven years previously.

Under moderate doses of mercury and iodide of potassium astonishing im-

Since Philadelphia has forbidden the sale of cocaine without a prescription, Camden pharmacies enjoy a disreputable boom.

The chief advantage of coal tars in pneumonia seems to be that they allow patients to die with normal temperature.—Baruch.

provement took place. After 45 grains of the iodide had been taken the fever disappeared. The appetite promptly returned and the pains ceased. In six weeks he gained 22 pounds in weight and in seven weeks the liver, which had measured six and three-quarter inches in the right nipple line, had receded to the costal margin and was no longer tender. Complete recovery followed.

Had the patient continued to deny his syphilitic infection and had the node at the costochondral junction not been found, the wrong treatment—because any treatment not specific was the wrong treatment in this instance—would have been continued until nothing would have been of any avail. In view of the well-known mendacity of many luetic patients, the custom of some physicians to order a course of specific treatment in obscure cases, which baffle all other efforts, is fully justified.

#### THE TREATMENT OF SYPHILIS.

This important subject is treated of exhaustively in one of Dr. S. Jessner's (Wurzburg) monographs for the general practitioner. As every one knows, the treatment of syphilis is comprised in two words: mercury and iodine. While the remedies are definite, the modes of application and administration are many and require judicious discrimination.

Mercury may be introduced into the body by several ways: It may be given internally, externally, subcutaneously, intravenously, or it may be injected into the muscular tissue.

The internal method is not in favor in Germany. The protoiodide of mercury is a good preparation for this purpose,

and is usually combined with a little opium, as a corrective against the cathartic by-effect.

℞ Protoiodide of mercury, 5 to 8 grs.

Powdered opium, 3 grains.

Make 30 pills. S. One to three pills daily after meals.

For children the powder form is necessary.

℞ Protoiodide of mercury, gr. 1-6.

Sugar .....gr. 5.

Make one powder. S. One-half to one powder three times daily.

The tannate of mercury is also very useful for internal administration.

℞ Mercury tannate ..... 45 grs.

Make 30 pills. S. One pill two or three times daily.

Or the salicylate of mercury may be given in the same way.

For children, calomel in small doses is a favorite method of treatment and is well tolerated. One-tenth to one-sixth grain is given with sugar in powder form, three times daily. Very small children get half this dose. Finally the bichloride may be administered, but its caustic effect on the mucous membranes is against its routine use. It is given in pills or in solution, freely diluted when taken.

The choice of a mercurial preparation for internal use is governed by various factors such as individual tolerance, by-effects, therapeutic results, etc. No hard and fast rules can be laid down.

Mercury can also be given in suppositories:

℞ Blue ointment .....45 grs.

Cocoa butter .....15 grs.

Make one suppository. S. Insert one daily.

The best-known and undoubtedly very

Erasistratus prescribed fasting as the most efficacious remedy in all febrile and inflammatory processes.

The fasting patient is scavenging on and thereby eliminating the impurities with which his system is saturated.—Page, *Med. Record*.

efficacious method of treatment is by inunction of mercury. Either the blue ointment (33 1-3 per cent strength, according to the German Pharmacopeia) or mercury vasogen, or mercury resorbin, may be prescribed for the inunction; or the mercurial soaps may be used in the same manner. The single dose varies between 15 grains and one dram. It is rubbed in once daily, on different parts of the body. The patient should do the rubbing-in himself. After seven or eight inunctions, one day is set aside for a bath, no mercury being rubbed in. As a rule, four to six such "cycles" or "courses" are necessary, comprising 28 to 42 inunctions. While under this treatment, the patient is enjoined to use potassium chlorate (5 drams to one pint of water) four to six times daily as a mouth wash, not to smoke, and to live quietly and regularly.

The inunction method while reliable has its serious faults. It is uncleanly, takes up much time, is not well borne by some skins, etc. Hence the recourse to other methods of externally applying mercury. One such consists in baths medicated with bichloride of mercury, one to two drams to a warm bath (8 grs. to 1-2 dram for children). The patient remains half an hour in the water, and the bath is taken daily. The results are often excellent, especially in children with hereditary syphilis.

There are also other ways of using mercury externally, for instance, the mercurial plasters of Unna, which are worn for days over large areas of the body; then the mercuriolint apron, consisting of a bag filled with mercurial powder and worn on the body for two or three weeks, the evaporated mercury

being taken into the lungs with the air. These methods may here and there prove valuable, when the others are not well borne.

More important is the subcutaneous or injection treatment, now coming into extensive vogue. Either the soluble or the insoluble mercurial salts can be used for this purpose. The following is a popular formula:

℞ Corrosive mercuric chloride, 5 grs.  
Sodium chloride .....45 grs.  
Distilled water .....1 oz.

Fifteen minims of this solution containing about 1-6 grain sublimate, are injected daily. The injections are best given deep into the muscles. The needle should of course be aseptic, and each patient ought to have a needle for his exclusive use. The best site for these injections is the gluteal region, especially its upper and outer parts, where an inflammatory reaction, should one occur, will cause the least discomfort in sitting. So much for the soluble mercurial preparations.

Very much favor has been accorded to the insoluble compounds, especially the salicylate. The following mixture is a good one:

℞ Salicylate of mercury ..15 grs.  
Liquid paraffin .....2½ drs.  
S. Shake well before using.

Of this 8 to 15 minims are injected once or twice a week. Calomel, too, may be used to advantage in urgent cases:

℞ Calomel .....8 grs.  
Olive oil .....1 dram.

S. For injection: 8 to 15 minims once a week. The preparation should be freshly made.

It is necessary to employ somewhat

Bayard Holmes advocates short narcosis, incisions and stay in bed after ideal operations. So do we; none at all still better.

In imminent abortion Boldt advises rest in bed and codeine gr. 1-3 to 3-4 every 3 to 4 hours for 3 to 6 doses.—Med. Record.

thicker needles for insoluble salts of mercury, but otherwise the technique is the same as for the soluble compounds.

Reviewing the faults and virtues of the different varieties of mercurial treatment, the author very justly remarks that we possess several reliable methods, not in order to become a partisan of any one of them, but in order to adapt each to the peculiarities of the individual case. All are good, and yet all may be bad occasionally. Then it is that the physician must be thankful for the choice at his command.

We come to the other pillar of syphilis-therapy, namely iodine. There are several preparations in use, but potassium iodide still remains the most reliable. The dose varies from ten grains to one dram. It is hardly necessary to add that iodides are best given in milk or water, always after meals. For hypodermic use, iodipin (25 per cent) can be recommended, one or two drams every other day.

Iodine and its preparations are not competitors or rivals of mercury in the treatment of syphilis. The two supplement and assist each other; mercury being more of a specific in the early stages, while the iodides are best against the later manifestations of the disease.

There is still a momentous question to be answered: When should the treatment of syphilis commence? As a rule, not before the eruption of the secondary manifestations. Only when the chancre tends to progressive destruction and resists all local measures, may the general antisiphilitic treatment be installed before the eruption. [With this advice many excellent syphilographers disagree emphatically.]

As to the duration of treatment, the author warns against stopping too soon. Often after the eruption has apparently been removed, a microscopic examination will show groups of cells remaining behind at the site of the former eruption, and these cell-groups are the starting points of relapses. Thus to illustrate, on the site of the first chancre there often develops later a gumma. Hence treatment should be continued until even these microscopic traces are no longer to be detected.

We have so far discussed the general treatment of syphilis, which is the most important one. Still, the local lesions also call for therapeutic measures. For the initial chancre, for ulcers, large papules, etc., the best application is mercurial plaster, provided it can be made to stay on. When secretion is profuse this is impossible, and we have to resort to salves, powders and washes. Bichloride of mercury, 1-2 per cent, is an excellent wash for syphilitic lesions, and calomel equally efficient as a dusting powder. Syphilitic glands are covered with mercurial plaster, or some blue ointment (not more than 8 grains daily) is rubbed into them.

Syphilitics should not marry before a period of four, or better five, years has elapsed from the date of infection, provided the patient has remained at least one full year free from relapses and had undergone the regular treatment. When the conditions have been complied with, marriage may be permitted, though even then no guarantee of safety can be given, syphilis being a treacherous and lingering disease.

That the marriage of an uncured syphilitic may be and often is disastrous to

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Has any reader tried saturation with calcium sulphide in treating scabies? It should prove an ideal method.

Nano and Mironesco have proved that the secretion of HCl is increased by its own administration and that of bitters.

his offspring can not be too strongly insisted upon. The physician has a moral responsibility in these cases.

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#### THE URETERAL CATHETER IN THE DIAGNOSIS AND TREATMENT OF KIDNEY LESIONS.

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Dr. L. W. Bremerman discusses (*Amer. Med.*, Dec. 9, 1905) the ureteral catheter and its importance in the diagnosis and treatment of kidney lesions. His conclusion is that the catheterizing cystoscope will be of far greater value in the future, when its manifold advantages are clearly demonstrated and accepted by the general practitioner and the specialist. The technic of the procedure is extremely important, rigid asepsis being a *sine qua non*. So far as diagnosis is concerned, the ureteral catheter is important in that its use informs of the conditions existing in the kidneys, whether or not one or both are involved, and to what extent the pathologic lesion has progressed and also whether there are two kidneys present. Nephrectomy should never be performed without definite knowledge as to the extent of the pathologic lesion in the diseased kidney, and the exact condition of the other, if it be present.

Inflammatory conditions of the ureters, the pelvis or the kidney, are diagnosed from the microscopic findings, and the author differentiates between the distinct purulent condition and a catarrhal inflammation. The first condition, catarrhal pyelitis, is evidenced when the microscope shows epithelial cells from the renal pelvis with the presence of little or no pus, together with mucus. Pyelonephritis signifies a similar condi-

tion with epithelium from the tubules, albumin, and frequently casts; and these are the cases in which treatment by pelvic lavage is giving good results.

Lavage is performed by injecting antiseptic solutions through the catheters, using the greatest precautions. A glass syringe of about 100 Cc capacity should be used, fitted with a needle which will pass into the end of the catheter; then, with gentle pressure, 5 to 10 Cc should be injected, and this allowed to run out before it is repeated. After a few treatments, a patient will stand as much as 30 or 40 Cc. The author prefers silver nitrate (1:8000 to 1:1000 in a saturated solution of boric acid) or protargol, at the temperature of about 100° F. Upon withdrawing the catheters, the injection is continued, irrigating the entire length of the ureters. After the patient has emptied the bladder, the urethra and the bladder are washed with a solution of silver nitrate, about 1:5000, by the Janet method.

At each catheterization a sample of urine should be collected for microscopic examination, and a careful record kept of the findings, to keep posted on the condition of the kidneys.

Stone in the ureters or pelvis may be proved, after the microscopic findings indicate its presence, by passing a wax-tipped catheter, which will show scratch marks caused by the edges of the calculus.

Strictures of the ureters are occasionally met, by the failure of an ordinary-sized catheter to pass upward into the pelvis. It must be remembered, however, that the lumen of the ureter is slightly constricted at three points.

Frequent attacks of gonorrhea have

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Common salt in the food aggravates nephritis and hastens edema. Keep this in mind.—John Wherrell, *Medical Arena*.

The basic idea governing the use of pulsatilla (anemonin) is depression, irritability and fear.—Wherrell, *Medical Arena*.

been diagnosticated as new infections, but invariably a careful history of the case would reveal that the patient has had left from the first attack a gleet discharge from the urethra, the cardinal symptom of chronic urethritis. The seat of this condition may be in the posterior urethra, and the infection may travel from there forward into the prostatic sinuses, causing chronic prostatitis; into the seminal vesicles, causing chronic inflammation there; or into the bladder, causing chronic cystitis. But it is evident that the infection may travel into the ureters, and thence into the renal pelvis. And this is proved by a number of patients with obstinate urethritis, the majority having inflammation of the entire urogenital tract.

The only thing to be done is to treat the entire tract, beginning with the pelvis of the kidney, which is washed out with the silver solution already mentioned. The author says the patients will rapidly improve and recites two or three cases in detail.

From an experience covering several thousand ureteral catheterizations, he feels justified in saying that the procedure is not nearly so difficult as claimed by many, when rigid attention is paid to technic. He has even yet to see any untoward condition arise from catheterizing a pyelonephritic kidney or one affected with a chronic inflammation.

#### A PECULIAR BUT SUCCESSFUL TREATMENT OF ICHTHYOSIS.

Ichthyosis is up to the present time one of the most intractable of skin diseases. Dr. Geo. T. Jackson reports (*Jour. Cu-*

*taneous Diseases*, December, 1905) the case of a man of 26, the subject of ichthyosis, whose grandfather, mother, brother and sister also suffered with the disease. His condition before treatment is described as follows: He has many large and small pigmented moles on his body and limbs and many freckles on his face. The face is very scaly, especially after shaving. The hands are red, dry, eczematous, with cracks over the joints. The extensor surfaces of the limbs are dry, scaly and rough to the feel; there is marked keratosis pilaris.

The doctor who had the case originally in charge—Dr. D. H. Stewart—thought that the hyperpigmentation and the hyperkeratosis were due to some defect in the functioning of the intestinal tract and the liver. Irrigation of the colon, and calomel, suggested themselves. For four weeks colon irrigations of five gallons of hot water (120° F), containing a teaspoonful of sodium carbonate and four teaspoonfuls of sodium chloride, and pills of hyoscyamus and calomel, were given on alternate nights. It took about four hours to make one irrigation. After the four weeks only one irrigation a week was given, followed on the next night by a pill. A heaping tablespoonful of magnesium sulphate was now added to the irrigations. This was kept up for about six weeks.

The improvement in the patient was remarkable. When examined, fifteen to sixteen months later, his face was smooth and no longer scaling. The limbs were smooth, the skin of the hands was dry and smooth, but not eczematous. This favorable condition was maintained during the winter, which was a severe one, and as well known, ichthyotic pa-

For the relief of orchitis nothing will equal drop doses of tr. pulsatilla every twenty minutes.—Wherrell. Try anemonin.

Drop doses of sp. nux every ten to fifteen minutes will often relieve sick headache.—Wherrell. Means brucine, gr. 1-134.

tients usually get worse in the cold weather. As the patient had no local treatment of any sort except ordinary bathing, the improvement seems to Dr. Jackson most remarkable. [This case could be readily construed as a potent argument in favor of those who so persistently and vigorously maintain the paramount importance of "cleaning out and keeping clean." It is our belief that autotoxemia plays a much greater role in the causation and in the stubbornness of many skin diseases than is generally admitted, especially by the Vienna School of dermatologists.—W. J. R.]

#### VARICOCELE, A TRIFLING AFFECTION.

Entirely too much importance is attached to varicocele. We personally do not believe that varicocele is ever the cause of any real disability or suffering and we consider operations for varicocele uncalled for. On sexual power it has no influence whatsoever. Most people who have dilated veins of the panpiniform plexus are not aware of their existence and they begin to worry only when their attention is called to their "trouble" by a friend, an examining physician or a quack pamphlet. These opinions on varicocele are rather heterodox, but they are becoming orthodox, as witness a recent editorial on the subject in the ultra-orthodox *Lancet*. "Varicocele has received more attention than it deserves," says the *Lancet*. A slight dilatation of the veins of the panpiniform plexus is very common and by some it has been thought that varicocele is really physiological and associated with a quiescent state of the tes-

tis. This is yet to be determined.

The etiology of varicocele is unquestionably somewhat obscure and almost as much doubt seems to exist as to the consequences of this condition. Certain disgraceful pamphlets issued by quacks attribute to varicocele many and dire results, such as, for instance, atrophy of the testis and loss of sexual power. The fear of these consequences is responsible for much anxiety on the part of young men, but evidence is entirely wanting as to the possibility of varicocele by itself ever causing impotence. Some fibrosis of the testis has been described as a result of varicoceles, but even if this testicular fibrosis does exist, it is more than doubtful if it ever leads to atrophy.

The symptoms produced by varicocele vary greatly. In the vast majority of cases there are no symptoms, and the patient, if he deserves to be so called, is completely unaware of the existence of the varicocele until he is told of it. It is true that some do complain of dull, aching or "dragging" pain and a few, a very few, complain that an intense feeling of weight or sometimes an acute pain is present. These cases, however, are exceptional and it is difficult to feel certain that the pain is directly due to the dilated spermatic vein, for the degree of the pain bears no sort of relation to the size of the varicocele, some of the smallest varicoceles giving rise to the loudest complaints.

#### ERYTHEMA MULTIFORME.

Erythema multiforme is in the majority of cases a mild disorder, but it may occasionally assume a grave char-

The three best systemic antiseptics are echinacea, baptisia and calcium sulphide.—Wherrell, *Med. Arena*. If true, you need them.

Minute doses of cocculus are said to be almost specific for car-sickness.—Wherrell, *Med. Arena*. Have you tested picrotoxin yet?



acter. To the latter class belong two cases reported by Dr. P. K. Brown before the California Academy of Medicine (*J. A. M. A.*).

The first patient was a child six and one-half years old that had had attacks of tonsillitis with endocarditis extending over a period of four years. In December, 1904, the patient had epigastric pain for ten days, and following this some fever and a punctate eruption over the trunk, shoulders and thighs. There was general glandular enlargement, the heart was more irregular than usual, and the murmur was louder. The urine contained albumin, red blood cells, and a few casts. On the third day the patient suffered from pains in the ankle joints. Desquamation began on the fourth day and lasted six weeks. The affected areas desquamated entirely, even the nails taking part in the process.

The second patient was the same age. During the first attack of January, 1904, the fever reached 104.2 and lasted three or four days. The first eruption appeared early, covered the whole body and was scarlatiniform in character, except on the shins, where it was more blotchy and irregular. There was general glandular enlargement. Eleven days after the onset, multiple miliary hemorrhages appeared over the body, and these were accompanied by hemorrhages from the mucous membranes and by signs of pericarditis. On certain parts of the body areas of circumscribed edema were visible. Desquamation lasted about two weeks. The child made slow but uninterrupted recovery. In the year and a half that have elapsed since that time the patient has had eight or ten similar attacks, some of which have been very light, and only one

was accompanied by extensive eruption and desquamation. In the beginning of the attacks undigested food is frequently found in feces, and the breath often has a heavy odor. [As a conscientious reporter, we submit the cases as given by the author. We cannot, however, help expressing our grave doubts as to the correctness of the author's diagnosis. They look much more like scarlatiniform erythema and autotoxemia.—W. J. R.]

#### ANTISYPHILITIC TREATMENT FOR OBESITY.

T. B. Sokhatsky (*Russky Vrach* Oct. 22, 1905) reports a very interesting case, which seems to confirm the opinion that between syphilitic infection and the subsequent appearance of obesity, there often exists a causative relationship.

The patient was a woman of forty-one years, who suffered from syphilis, and who, six months later, developed obesity. Other etiologic factors which could be made responsible for this sudden tendency to put on fat were absent, and the suspicion was justified that syphilis had something to do with the obesity. Accordingly, a course of specific treatment was prescribed, consisting in mercury by inunction and potassium iodide internally. This treatment lasted about two and one-half months, during which time the woman lost forty-eight pounds. The author indulges in a few speculative remarks as to the possible mode of action of the antisyphilitic regime, but the chief point of interest is, of course, the etiologic connection between obesity and the preceding luetic infection. [The connection is not proven. The loss of fat might be ascribed to the KI; many persons get thin under its influence.

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In obstinate hiccough, try 20 grains of quinine at a dose and you will be pleased with the results.—Wherrell, *Med. Arena*.

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For ear noises drop in 2 drops sp. gelsemium and 8 of warm water.—Wherrell, *Med. Arena*. It is gelseminine you want here.

# GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

## SCOPOLAMINE: A PHYSIOLOGICAL AND CLINICAL STUDY.

**S**COPOLAMINE is the alkaloid of *Scopolia japonica*, a plant of the Solanaceæ family. It was first discovered in that plant by Langgaard. In 1890 A. Schmidt obtained it from the same, and also from *Scopolia atropoides*. It exists also in *Scopolia lucida*, a plant found in the Himalayas and in Nepal.

The substance designated by Boquil-lon-Limousin as rotoine or scopoline, that which Van Renterghem and Dupuis designate as scopoleine, seems to us from the general description of its physical, chemical, pharmacologic and therapeutic properties to be nothing else than scopolamine.

Scopolamine appears in crystals, fusible at 138° F. It is soluble in water, especially when slightly acidulated, very soluble in alcohol and ether. Its formula is  $C_{17}H_{21}NO_4$ . A. Schmidt put forth the hypothesis since his discovery in 1890 (see above), that this substance is possibly identical with hyoscine. But other authorities doubting this, Schmidt revised his experiments and distinguished scopolamine from hyoscine, giving to the former the formula given above, and to hyoscine, according to Landenburg,  $C_{17}H_{23}NO_3$ , which gives a very different chemical composition.

Lately Schmidt and Hesse tried again to establish the identity of hyoscine and scopolamine, of both of which the single formula was to be  $C_{18}H_{21}NO_4$ . We cannot accept this opinion any more

than that of Kradner, who tried to show before the Medical Congress of Livonia, that the hyoscine of commerce is nothing else than impure scopolamine, and hence the different action of the two substances, hyoscine provoking phenomena of intoxication while scopolamine does not.

If we remember that scopolamine is a solid body, while hyoscine is of syrupy consistency, we can see even macroscopically that the bodies differ from each other notably enough.

It is well to remember, that all those authors who propose this identification speak of the "hyoscine of commerce," that is German hyoscine. Now our readers will know from numerous previous proofs, that an alkaloid pure and chemically definite is far from a product delivered by German commerce under the name of an alkaloid.

We maintain, therefore, the non-identity of scopolamine with hyoscine, and the following confirm the difference of their properties:

1. Scopolamine raises the intravascular pressure by stimulating the vasomotor centers. This effect does not, however, take place in old people, and in those affected with aortic lesions, if we judge by the result of sphymographic examination.

2. Scopolamine exerts no appreciable influence on the respiration, and on striated muscles. It produces on the contrary a diminution of salivary and per-

spiratory secretions. Its use seems indicated in sialorrhea and profuse sudor-rhea.

3. Scopolamine diminishes cerebral excitability and so its action is the reverse of that of atropine. It acts as calmant and narcotic. It manifests its sedative action excellently when administered to agitated, demented patients in doses of a quarter to one whole milligram.

4. The employment of this medicament gives good results in demented patients who are emaciating in consequence of the agitation to which they are a prey, and who disturb the repose of their attendants.

5. When administered for some length of time the patients become accustomed to this drug and its employment is therefore contraindicated in persons with Bright's disease, in the aged, and in cachectics. But the existence of a cardiac lesion does not counterindicate the use of scopolamine.

6. Scopolamine produces mydriasis and paralysis of accommodation, as well as a contraction of the bloodvessels of the iris and conjunctiva. Its mydriatic action is four or five times more pronounced than that of atropine. Moreover, no bad effects have been observed after using this medicament, which promises to do grand service in ophthalmic practice.

7. Scopolamine is eliminated in the renal way.

Most of the conclusions arrived at by Rosistlay have been confirmed by other authorities. It can decidedly be said, that this medicament has the general property of diminishing the excitability of the cortical centers of the brain. It

also paralyzes the action of the pneumogastric, which brings about the slowing of the respiration and an acceleration of the cardiac rhythm.

The vasodilating properties of this remedy show themselves in the rosy coloration of the face, in an augmented secretion of sweat, saliva, urine, etc., and by a mydriasis more or less accentuated.

On the brain its narcotic power is seen in the irresistible sleep without dreams or delirium. Its action is prompt at the end of four or five minutes.

Rahlmann experimented with scopolamine in eye diseases on the recommendation of Kobert, showing that it has a powerful mydriatic action, while internally administered it produces certain effects antagonistic to atropine. He concluded from the trials he made with scopolamine regarding its mydriatic and antiphlogistic actions, that it is superior to all other tropeins, that it is, moreover, free from the bad effects which are charged against atropine.

Ernst, a pupil of Kobert arrived at analogous conclusions about scopolamine: It dilates the pupil, paralyzes accommodation, and induces the contraction of the vessels of the iris and conjunctiva. In equal doses with atropine, scopolamine is four or five times stronger, and when perfectly pure has not the inconveniences of atropine.

The results obtained by Bellarmino agree also with those I have stated above.

As much, too, can be said of what Dr. Peters of Bonn says: Instillations made with a solution of scopolamine hydrobromide 0.02 per cent. [Isn't this too weak?—Ed.] produce a mydriasis in a very short time and is as pronounced as that made with atropine.

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Atropine in solution is an excellent remedy for earache.—*Medical Arena*. Gr. 1-250 in 5 drops hot water will do.

Hyoscyamus for senile tremor, dizziness and loss of memory.—*Med. Arena*. That means hyoscine which has proved quite useful.

Scopolamine does not diminish the intraocular pressure, and is also well sustained even when there is an increased pressure. Peters confirms the fact that a prolonged use of scopolamine produces no dryness of the throat, no redness of the face, no nervous agitation, no acceleration of the pulse, all of which happens after the use of atropine and which denote the commencement of intoxication. Peters also constated that scopolamine is well borne by those who have a decided idiosyncrasy against atropine, whether adults or infants.

As a sedative, Dr. Bela Szalay, physician of a lunatic asylum at Pest, Hungary, experimented with scopolamine as a hypnotic, administering it hypodermically in from half to two milligrams. It was well supported, and its sedative action was constant, but the desired hypnotic effect could not be obtained. He says it can replace duboisine and hyoscine when these two medicaments have become accustomed to by the patients.

A short time since a new property was discovered in scopolamine, that of a general anesthetic. It gave Dr. Terrier very satisfactory results. He tried it on the recommendation of Dr. Desjardine, who made known its property as a general anesthetic, in which case it is given hypodermically. Surgeons recognize the necessity of combining a certain quantity of morphine with scopolamine as an anesthetic because the morphine is a powerful antidote to the latter, and so renders the use of the former more safe and inoffensive.

The proportions of the two medicaments which Terrier and most surgeons have fixed upon are: Scopolamine hydrobromide, one milligram; morphine

hydrochloride, one centigram; distilled water, one cubic centigram, for each injection.

There is need of three or four injections for a sufficient general anesthesia, and they are made four, three, two, and one hour before the operation. It then produces such an anesthetic sleep that it is possible to make under its influence a surgical operation of the most painful character without the subject being conscious of it.

(To be continued)

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### CAFFEINE.

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The latest about this alkaloid I glean from Vahlen in the *Enzyklopaedie der Praktischen Medizin*, Wien, 1905.

Caffeine strongly excites the central nervous system. In frogs and mammalia it produces tetanic cramps resembling those from strychnia. In the human body the effect of small doses of caffeine on the centers shows itself in a peculiar influence on the temper of the individual, so that mental work becomes easier, preventing all tired feeling. Larger doses, Gm. 0.6 (gr. 9), and more excite the cerebrum, producing dizziness, headache, tinnitus aurium, and a state resembling drunkenness which may progress to delirium, terminating in somnolence and stupefaction.

The good psychic effect of caffeine in the moderate use of coffee as a beverage is increased by its peculiar influence on the muscles. Not only does it increase the absolute power of the muscles, but it also enables them to do longer and greater work without exhaustion. It is only after absorbing

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For leucorrhœa replacing menses Parvin advised cantharides.—*Med. Arena*. Try cantharidin a granule every hour till it irritates.

Potassium bichromate relieves loss of voice, hoarseness and bronchial cough. *Med. Arena*. A granule every hour while awake.

greater quantities that we notice more difficulty rather than alleviation in the exertion of labor owing to a peculiar change taking place in the substance of the muscles, viz., a condition similar to that of the rigidity in death and in that from heat excess. In applying caffeine directly to the muscle minimal doses only are requisite.

Caffeine exerts also an influence on the renal epithelium and increases diuresis; whether or not it increases the heart action at the same time has not yet been fully ascertained by experiment on animals. In the human being caffeine acts similar to digitalis in regulating cardiac action when there is a disturbance of compensation, and in this way accomplishing the disappearance of edema.

In the healthy person even medicinal doses, Gm. 0.5 (gr.  $7\frac{1}{2}$ ) will produce cardiac palpitation, rapid, ultimating in irregular pulse.

Coffee and tea as beverages though owing their stimulating action principally to caffeine still have from the roasted coffee certain volatile products, and in the tea certain ethereal oils which increase that action. These substances seem to act irritatively upon the cerebrum. Medicinally tea and coffee infusions are used in narcotic poisonings with alcohol and narcotic alkaloids, especially morphine, in which latter case the tannin in the tea helps also by its combining with the alkaloids and making them inert.

Pure caffeine, which can be produced synthetically also, crystallizes from hot water in delicate needles, having the chemical formula  $C_8H_{10}N_4O_2 + H_2O$ . It is difficultly dissolved in cold water,

and is administered in powders, pills and tablets in migraine, headache and neuralgia. As a diuretic it is given in Gm. 0.2 (gr. 3) doses several times a day. Theobromine excels, however, caffeine in this respect. In the same dose it is given as a substitute for digitalis in heart troubles several times a day.

Instead of the badly soluble pure caffeine there are combinations of it better soluble. Caffeinum natriobenzoicum is easily soluble in water. It is a white amorphous powder, and is given in double the dose of caffeine. Its easy solution in water makes it possible to be given hypodermically, of which the initial dose is 0.1 (gr.  $1\frac{1}{2}$ ) and the maximum dose 1.0 (gr. 15) *pro dosi*, three times a day.

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#### DELPHININE.

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This is an alkaloid derived from the seeds of the larkspur (*Delphinium staphisagria*). It is a yellowish-white powder of resinous quality and of bitter, burning taste, soluble with difficulty in water, easily in alcohol and in ether. The powdered seeds of the larkspur are used popularly either in ointment or tincture form against head lice.

Delphinine is used on account of its similar action to veratrine as an embrocation in salves (Gm. 0.5 to 2.0: 25, equivalent to gr.  $7\frac{1}{2}$  to gr. 30 in an excipient of gr. 375), or in alcoholic solution from 1.5 to 20 parts against neuralgia.

Internally delphinine is used in the combination of *Delphinium tartaricum* in pill form containing from 0.01 to 0.03, equivalent to gr. 1-6 to 1-2 in place of veratrine.—S. in *Enz. d. Prakt. Med.*

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Codeine is specific for all pains originating in the ovaries, whatever the condition may be.—*Medical Arena*.

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Hammond treated impotence with strychnine hypophosphite before meals, but not at bedtime as it then caused emissions.—*Med. Ar.*

# MISCELLANEOUS ARTICLES

## AN IMPORTANT MATTER: WE WANT YOUR HELP!

**T**HE pneumonia season is on again and we are already getting reports from all over the country of the success attending the alkaloidal method of treatment. That this method not only cures but aborts pneumonia, those of us who have used it know. But there are thousands of other physicians who do not yet appreciate this important fact. For instance, today we are in receipt of a letter from one of our good friends who has just had a "battle royal" in his local society to bring home this truth. Not one of the physicians present had ever heard of the alkaloidal treatment! While our writings for years, and especially our article in the November number of the Clinic, have been read by thousands of physicians, there are many others whom we must reach.

Help us to reach these men! We can do it and we must. It is a matter of vital importance. As an "entering wedge" next month we shall publish an important symposium on Pneumonia, outlining the idea in detail, telling what has been done and what can be done. Set down now, Doctor, and tell the readers of the Clinic of what you have accomplished with the alkaloids in this dread disease. Help us to make the presentation such a strong one that every therapeutic scoffer who reads must believe.

Do it now, Brethren. Write today!

## SPRINGTIME IN LOUISIANA.

**A** GAIN we have experienced the miracle of passing from winter to summer in a single day. We left Chicago deeply embedded in snow, bound the icy grasp of zero, and after twenty-six hours' speeding south over the smooth roadbed of the Illinois Central we rolled into New Orleans to find a land where Spring reigns. Adonis, slain by the cruel tusk of the wild boar, Winter, has sprung in to new life, and once more

"I see around me the glad fields revive,  
With all the fertile promise of the Spring,  
And all her jocund birds upon the wing."

No wonder that under so many names, in so many myths, the ancient peoples who witnessed this miracle, annually renewed under the influence of the vivifying rays of the advancing sun, should have recognized in the beneficent work of that luminary the earth's ruling deity. It was inevitable, when once man began to observe and to reason, from effect to cause.

This spring in the south, however, is not so forward as that of 1904 by at least a month. Then the peaches were in bloom early in February, the grass in the city

parks was green, and many trees were bursting into leaf. We say not a word against Chicago winters. They are delightful. The long, bright days of fall, week by week growing almost imperceptibly cooler, and the clear biting air of January, are health-giving, and certainly conduce to that mental and physical activity so characteristic of the citizens of the great metropolis. In fact, during these months Chicago air has qualities in it akin to those of champagne; for one is conscious of a certain elevation of spirit here that makes exertion of every kind a pleasure. But by the time February has begun, one commences to tire of the long continuance of winter, especially as he knows that there is naught so rare as a real spring day in the Lake City, but that until June ushers in the summer heats there will be a succession of weather "in job lots"—snow, hail, rain, sleet, now and then a slant of sunshine, but always oceans of mud, and wind to the limits of endurance. So that each year at this time the recollections of the sunny south arise, and the allurements of the Carnival season seem more enticing,—and we succumb, after withstanding temptation just long enough to satisfy conscience but not enough to discourage the tempter.

New Orleans is a delightful city to the explorer from the North. The streets are dirty enough to console even a Chicagoan. Royale St. is lined with shops full of antique furniture and bric-a-brac, where one can while away many a happy hour. The old French Market is always interesting, with piles of tropical fruits, fresh blooming flowers, shrimps from Barataria, fish from the Gulf, its superb coffee, and the soft chatter in the musi-

cal Creole patois. Queer shaped loaves of bread are piled up—with a big hunch rising from the top, evidently designed to be broken—for some worthy folk still deem it sinful to cut bread. Burr artichokes excite the curiosity of the Cimmerian; and the cheapness of oranges, red and yellow bananas, mandarins and all other fruits, is apt to lead to too free indulgence. The fine quality and cheapness of the oysters is notable, and we revel in them, and in the distinctive Louisiana products, pompano, crabs, crawfish, river shrimp, and of course gumbo. We may even partake with gusto of a dish of robins if sure no other northern eye is upon us.

We had been warned against the French restaurants, as marvels in the way of charging—but curiosity always compels one to touch the fresh paint, and we began with the celebrated Antoine's. No priced menu was presented, but the waiter asked us what we would have, beginning with a frozen tomato as an appetizer, and mentioning a number of dishes until we decided upon our wants. This struck us as decidedly "swell." We gave our modest order, ate in fear and trepidation, and requested the bill. A dollar! It would have been at least that at any first-class Chicago restaurant. We ate at Antoine's during the remainder of our stay, and always had excellent service and cooking, and never an unreasonable charge. Pompano, red snapper, always crawfish bisque, gumbo, steak *a la Robespierre*—please excuse me—it must be dinner-time.

New Orleans contains many public institutions that are doubtless well worth visits, were it not too much like work. Don't bother about them; but jump on

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Acute Mastitis: Aconite, pot. acet. and phytolacca.—*Med. Arena*. We have often succeeded with the granules ac. and phyto.

Metrorrhagia: In chronic atonic cases, try senecin, a grain every four hours, or one of the sanguinarine group.

any car of the splendidly organized street railway system, and let it take you whither it will, sure that in due time you will be returned to your starting point on Canal St. What a quaint old city it is, with its narrow streets made still more shady by the projecting iron galleries; Moorish courts, and rows upon rows of the tiniest frame houses, which upon close inspection resolve themselves into twins, each about the dimensions of a freight car. One wonders what sort of wee people inhabit these doll houses, for surely no Anglo-Saxon family could pack itself into such sardine boxes. In some places we see lines stretched along the galleries, heavily laden with macaroni drying in the sun—with a seasoning of street dust we fear—and then we realize that we have entered the Italian quarter.

Now the car takes us out into the suburbs, past many a stately mansion, perhaps to Audubon Park, where we admire the magnificent live oaks, which would dwarf those at Fortress Monroe into insignificance. How much would a tree like them be worth if transplanted to Chicago? The magnolias, although not yet in bloom, are noble trees, with their rich, dark evergreen foliage and stately proportions. Each camelia tree is now a gigantic bouquet. Narcissus, double and single, multifloras that can not withstand the outdoor cold of the north, all pass here under the name of jonquils; while under the title of snowdrops we recognize the little Roman hyacinths. And our cherished Cuban Lily is a common "bluebell." Well, well! But the lovely calla is known on the slopes of Table Mountain, South Africa, as the "hog lily."

Innumerable violets perfume the air.

A few days more of this warm sun, and these houses will be sumptuously adorned with a wealth of the most exquisite roses, which bloom in the greatest profusion. What would be the result were anyone to give the poor dears a little attention, and cut off the flowers before they form seed? Never again will we attempt to raise roses at home after seeing these. Here they climb to the roof of a lofty house.

But now our car has taken us beyond the city and around us lies the thickly populated city of the dead. No New Orleans citizen rests in his grave—he has none. Try to dig one, and a few inches below the surface you strike water, and you keep on striking water until you give up, as these folks have done, and construct a tomb above the surface. Many of these are beautiful structures, of elegantly sculptured marble, and the effect is striking. Cremation should be specially suitable here, but public sentiment does not as yet approve of it. New Orleans is conservative and Old French in sentiment.

Returning to the central parts of the city, we find much to interest us strolling along Canal St. The windows are filled with goods as beautiful and costly as those of Broadway; yet the prices frequently seem less than those of Chicago stores. A man passes you with a basket on his arm, covered with a spotless white cloth. Don't miss him—he has there some of the most delicious little cakes, products of the French *pâtisserie* obtainable nowhere else. At the corner stands are sold pralines, those little cakes of sugar and pecans that our little ones, after mature deliberation, pronounce the very best candy that ever was made.

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**Metrorrhagia:** Never forget that blood like water tends to run down hill; elevate the foot of the bed and jerk out the pillows.

**Muscae Volitantes:** Dependent on liver congestion give the iodide of mercury and restrain the appetite in proper limits.



If you like that sort of thing you can get a guidebook, and go to visit the sights; but then you miss the thrill experienced when you unexpectedly happen upon the lofty Lee monument, or the Jackson statue in the square facing the ancient St. Louis cathedral, and the Cabildo, that relic of the Spanish dominion. The Custom house is a huge pile of granite, whose foundation, we are informed, is cotton. New Orleans has had the same problem as Chicago, to find a firm foundation on which to base her industrial palaces. Now she drives piles into the soft, yielding ooze deposited by the river, and with the aid of iron rails and Portland cement roots her skyscrapers firmly into the earth. But in the day when the Custom house was built Chicago was not yet, and consequently the last great advances had not been made by humanity. Cotton was about the cheapest thing on earth, so that many and many a bale of this fabric was driven down into the excavation, and upon it this huge structure was reared.

We secured quarters for the Carnival week in an old house in the French quarter. The fact that our room was in the third story did not specially impress us when we engaged it, but when we took possession we found that of the two flights of stairs that had to be ascended the first contained 32 steps, the second 28. Surely those early French builders in their architecture expressed their aspirations toward a heavenly home, in a manner we moderns would better appreciate if an elevator were supplied.

Some man—alleged to be a Chicagoan—when any anonymous wickedness is perpetrated people attribute it to Chicago until definitely located elsewhere—

said that New Orleans would never amount to much until she gave up this "carnival folly," and settled down to the only occupation worthy of man, that of making money. There are two species of man extant, one which finds no pleasure in anything except money making, while the other looks rather to what money may bring. Which is the wiser?

We seem to have formed the carnival habit, for as we return to this city each successive year to witness the exquisite productions of New Orleans' taste and fancy, we ask ourselves what possible pleasure that would equal this could be secured from the expenditure elsewhere of the trifling sum required? Each year they say the parades are finer than ever before, and really it seems to us that they were never so beautiful as this year.

Momus opened the season with a series of illustrations from that wonderful book "Vathek," which Beckford wrote at a single sitting, without premeditation, the tale coming to him as if transmitted to his mind by another intelligence.

The street procession was followed by a ball at the French Opera House, which we were enabled to attend through the kind courtesy of Mayor Capdevielle. The parquet was floored for dancing, the remainder of the auditorium packed with the beauty and fashion of New Orleans. Surely the local stock of beauty must be large if any were left outside of this assemblage. The curtain rose to show, through the mist of early morning Momus reclining on a couch, surrounded by a court of brilliantly-attired maskers.

Slowly, with dignity befitting the occasion, a stately herald paced to the front, bearing an enormous scroll on which was inscribed the name of the lady chos-

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Muscae Volitantes: Valerianate of caffeine, zinc or strychnine, may give relief in properly selected cases.

Stimulation of the vagus causes active development of inhibition, stopping the heart-beats; not exceptional case.—Meltzer.

en by Momus to share his throne. The selection is kept a profound secret up to this moment, so that the greatest interest is manifested in the identity of the proud recipient of the honor. The lady was summoned from the audience, escorted by the herald to Momus' throne, who placed on her head the queenly diadem, while the attendants decked her with the royal robes and jewels. She then took her place by the side of the king, while in like manner the six maids of honor were selected, presented and duly adorned with robes of state. Then a grand procession marched down the stage—King Momus and his queen, heralds, maids and all the glittering court. Then each member of the court chooses his partner from the audience and dancing commences. This "calling out" is esteemed a great honor, so much so that a haughty young damsel of the Crescent City's upper circles will not attend the ball unless assured of a "call-out" beforehand.

At 11 o'clock the dancing floor is thrown open to the "black-coats," the maskers having monopolized it up to that time.

Each of the great secret associations which parades has also its ball, to which only invited guests have access; besides which hundreds of private and public balls testify to the pleasure-loving propensities of the people. The climax of the carnival comes at the Comus ball when King Rex and his queen visit King Comus in his hall.

The second parade was that of Proteus, who chose the Rubaiyat this year for his theme and presented a series of twenty floats delineating scenes from

that most exquisite of poems. Rex took for his theme "Ideal Queens," and although this was a daylight parade the beauty of the procession fully equaled that of his evening competitors. Finally on the evening of Mardi Gras, Comus presented the "Search for the Lost Pleiad" in a series whose beauty beggars description.

Each of the four processions consisted of twenty floats, and the associations presenting them probably spent on them and the balls not less than \$200,000. During the entire year artists, designers and artificers are engaged in preparing for these displays. The utmost secrecy is enforced, so that no hint as to the nature of the parades is allowed to become public until the day when the procession is to appear. No suggestion of business or of any pecuniary interest is permitted in connection with the parades, which are entirely gratuitous, and have no monetary returns, although the city at large is undoubtedly benefited by the throngs of visitors attracted, and some of the outlay is said to be returned by selling the floats to other cities.

On one afternoon there was a so-called commercial parade, but as compared with similar efforts in the northern cities it scarcely deserved mention. Indeed, it was looked upon as marring the spirit of the carnival. Nowhere else in the world is the carnival celebrated as it is in New Orleans. In no other great American city would the climate at this season permit such an outdoor fete. In Europe the carnival is dying out, and even in the Mediterranean cities it is marked simply by the appearance of maskers in the streets, showering confetti and playing pranks on each other;

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The phenomena of life result from a compromise between the fundamental forces of life—excitation and inhibition.—Meltzer.

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Normal movement presents the physiologic, tetanus the pathologic, predominance of the factor of excitation.—Meltzer, *Med. Record*.

but there are no such parades. Many maskers appear on the streets of New Orleans on Mardi Gras, some grotesque, some elegant, and some amusing, but the number seems to grow less each year, until at present the custom is largely confined to children.

The greatest crowds of the festival gathered at the landing of King Rex on Monday. The merry monarch and his court ascended the river on the yacht *Stranger*, accompanied by forty steamers of all sizes, loaded to the guards with spectators. As the head of the procession appeared around a bend in the river, every whistle on factory, steamer and locomotive opened up. The saluting guns on the armored cruiser *Brooklyn* added to the din, which was equal to the New Year's welcome in Chicago. The monarch was escorted to the city hall, where he received the keys of the city, and full license for the day proclaimed to the people.

This is our third visit to the carnival, and each year we find it more delightful than before. We are going again. We can not comprehend the people who do not care to see it a second time. We do not intend to miss another as long as circumstances permit us to attend. Of all months in the year March in Chicago is the detestable one. The weather is "the limit," the winds more blustering than at any other time, while the rapid alternations of heat and cold, zero and thaws, make this the most dangerous part of the year. Winter is well enough, and we would not willingly miss the bracing effects of the northern winter, but enough is enough, and by the time March 1st comes around we have had enough and we know it.

The cost of a trip to New Orleans and a month's sojourn in that city is trifling as compared with the expense of a pneumonia—and after all, what value has money if it be not for the pleasure it brings? And what pleasure excels a March in Louisiana? But if the Gold Bug has clinched his grip on one's soul, until there must needs be some excuse for pleasuring, in the way of prospective gain, let us say that New Orleans is well worth one's attention. In fact, Louisiana fairly bristles with opportunities for profitable enterprise. New Orleans is waking up. The prospect of the completion of the Panama Canal in the near future has aroused her to the possibilities open to her, as the mart between the great Mississippi valley and those sections that will be opened up to her trade by the canal. She is spending many millions in the construction of a drainage system which will leave her without a superior in this respect among the larger American cities. She has good water and plenty of it, good drainage, an efficient municipal administration, unequaled commercial advantages, and with a community possessed of enterprise and imagination she can not long occupy a secondary rank among the cities of America.

There is plenty of money in Louisiana, and a wealth of undeveloped resources. Of 28,000,000 acres of arable land only 4,000,000 are under cultivation; principally, I think, because this suffices for the needs of her present population. The soil is of unexcelled fertility; the season for cultivation so long that plowing goes on during every month in the year. Millions of acres of fine land still remain at the disposal of the government

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Forms of bodily rest present the normal, and paralysis the pathologic, predominance of inhibition.—Meltzer, *Medical Record*.

Pleasant sensations present physiologic, painful sensations pathologic, predominance of excitation.—Meltzer, *Med. Record*.

for homesteading, and much more is held by the State. Land can be purchased under \$10 an acre in every way equal to Illinois land that can not be touched under \$100 an acre. The negroes are rapidly being replaced by whites as cultivators and mechanics, and labor is not now looked upon as derogatory to the Caucasian. White men can do manual work and keep their health here as easily as in the north. Malaria is no worse than it is in the Wabash region, and we now know better how to control it than when the northern river bottoms were settled. Ignorance and carelessness are responsible for this malady now.

There must before long be a stream of immigration directed to this State, which will supply homes for thousands and hundreds of thousands of our land-hungry people, who are now migrating to the frozen regions of the Canadian north-west—a country where they are said to have “three seasons—July, August and winter!” Nothing but the hardest luck or the sheerest incapacity could prevent a man prospering in Louisiana. Even the huge hand of monopoly, that is relentlessly crushing out individual enterprise and converting the American people into a nation of hirelings, does not project its dark shadow over this region; for the rapid growth of the local markets gives a chance to escape the refrigerator car. New Orleans is growing by leaps and bounds; all over the city is heard the noise of hammer and saw; new buildings arise on all sides; vacant lots are filling up, and eligible sites have become scarce. Already 350,000 people live here—and yet we have to pay 10 cents for a glass of poor thin Holstein milk! Holsteins furnish a large yield

of poor milk; but as a dealer remarked, why should they supply a better quality when they can get such a price for all they produce of the poorer sort? The same at Baton Rouge—in fact, during a winter spent in Louisiana, not once were we able to get as much milk as we needed or at less than 10 cents a quart. There is the milk situation in a nutshell, and this is an index of the whole produce question in this section.

Speaking of the need for a dairy in Baton Rouge, a citizen who had many thousand dollars lying idle, said: “You are perfectly right, and I would start a dairy myself if I could get the proper parties to run it for me.” There may be read the reason the south offers so many opportunities to northern men. There is in the south no surplus of labor, and especially of intelligent labor. But among the native whites there is plenty of undeveloped talent and business ability—as much as there is of unused land. Do not make the mistake of undervaluing the capacities of the southerner; he has simply kept his talent lying idle.

If men in Wisconsin or New York who understand dairying of the modern, scientific type, were to locate in Louisiana, they would find competition less and the business far more remunerative than in the north. This is but one of the numerous openings presented by this opulent state. As a northern man, who had made a fortune by judicious investments in the south, said recently to the writer: “You can not make a mistake in going anywhere in Louisiana and starting anything.” Think of the capital, Baton Rouge with 20,000 inhabitants and not a solitary shoe store!

The Illinois Central Railroad has with

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Absence of sensation in visceral sphere is physiologic and anesthesia anywhere the pathologic inhibition excess.—Meltzer.

Normal consciousness is physiologic, excitation mania pathologic excess of the factor of excitation.—Meltzer.

wise forethought done much to foster the industrial development of this section, and its officials could probably give much information of value to prospective settlers. It is one of the unaccountable vagaries of humanity, that while men are crowding twenty deep to enter the arid, worthless lands of recently opened Indian reservations, they should neglect the infinitely more valuable fields of the south. But this can not long endure; the pressure for land that is taking our people into Canada and Mexico must soon impel them toward Louisiana; and the man who is in a little ahead of the crowd will have first choice and the quickest profit from rising values.

How about yellow fever? Is there any danger at this season of the year? Not the slightest; from the moment when the first frost last fall put a stop to the pernicious activity of the mosquito, no new cases developed and the disease became extinct. At the worst of the epidemic, there never was nearly as much danger of contracting yellow fever in New Orleans as there was of contracting typhoid fever in Philadelphia or New York. Thanks to the investigations made by our great scientists in Cuba, we now know that yellow fever is the easiest of all infectious maladies to prevent. Unlike most epidemics it never holds over from one season to the next, but is completely extinguished by frost and requires a fresh importation during the next hot season to again prevail in this city. It is probable that New Orleans will never again know an epidemic of yellow fever. Apart from this fever New Orleans is a healthy city, especially during the winter. It is an

orderly city also and crimes due to violence are exceedingly rare.

WILLIAM F. WAUGH.

Chicago, Ill.

#### THE THERAPEUTIC REVIVAL IS ON.

For lo, these many years we have been strenuously urging upon our colleagues the necessity of a revival in drug therapeutics.

We have attacked the fashionable doctrines of nihilism and pessimism, the wholesale desertion of drugs for mechanical methods, and insisted on the physician's duty and ability to interfere, intelligently and discriminatingly, in the cases he is called upon to treat.

We have insisted that the surgeon's pronunciamento that "there is no treatment for pneumonia" only indicated that particular surgeon's ignorance of the topic he was discussing; that the unmeasured condemnation of drugs showed not only ignorance but a wilful shutting of the eyes against information it was the physician's duty to acquire and put in practice.

The sad state of poverty and neglect into which the profession was falling we attributed to the prevalence of the pessimistic doctrines of the Vienna school, and the uselessness to which it condemned the physician. The inroads of quackery, always serious, had become so bold and successful that it seemed as if the public were leaving us, no longer in dribblets but as a whole—a veritable landslide being manifested toward the only persons who still held out any hopes of benefit from their ministrations.

These truths we have shouted in the

Sleep is the physiologic, narcosis and coma the pathologic predominance of inhibition in sphere of consciousness.—Meltzer.

All the found facts points unmistakably to the conclusion that the magnesium salts produce inhibition, depression.—Meltzer.

ear of the profession until they had perforce to listen.\* Strong in the consciousness that we were advocating principles absolutely necessary to our continued progress and prosperity, scientifically and materially, we have refused to be sat down upon, have disregarded snubs, sneers, misrepresentations and open opposition, and have held to our purpose tenaciously. Had ours been any personal object we would have long since given it up, and dropped out of the fight. But the urgent need of this movement was so glaringly apparent that we could not stop to consider our own personality and interests as an appreciable part of it. *Arma non virum cano.*

It's been some lonesome for us! But the dawn is visible; the burden of our song is no longer, "How long, O Lord, how long?" but "At last!" All about us we see evidences of that revival of interest and of faith in therapeutics for which we have been praying and working. Some space in each journal that comes to our exchange table is occupied by "medical" articles; men begin to speak of the treatment, and sometimes hopefully, even positively. Really, there seems to be a new spirit abroad. Not long ago the *Medical Record* took a Pneumonia Commission to task for its omission of useful therapeutics in a way that fairly thrilled us. This was followed by an editorial that came out flat-footed with the claim that there were a number of really effective means of treating this malady by drugs. Really effective methods were given, and the reasons for their advocacy. Our own were not mentioned—but that didn't matter; we can take care of ourselves—it was the evidence of faith in drugs, the knowl-

edge that there were still to be found men who studied drugs and put them intelligently to work, that counted.

The following extracts will show that as to some at least of our views we do not stand alone. In his address before the American Medical Association at Portland, Prof. Billings said:

Disease is never quite the same in different individuals, nor does the picture remain the same from day to day. The treatment must be modified to meet the varying problem of the morbid process. Rational therapy calls for simple prescriptions; but if there be an objection to mixtures with fixed and known formulæ, what must one say of mixtures of secret or semi-secret composition?

What is the cause of the nostrum evil? There are several.

1. Pharmacology and therapeutics are neglected relatively by many of our medical schools. Anatomy, physiology, pathology, diagnosis, etc., are emphasized and too often the usefulness and limitations of drugs are neglected. Too frequently drug nihilism is taught. If the student were fully taught the physiologic action of drugs, the art of prescribing, preferably single remedies or in simple combination, using if he desires the pharmacopeial preparations prepared by reliable manufacturing pharmacists, and at the same time if he were taught when not to rely on drugs, but frankly to prescribe for his patient a course of hygienic measures which alone would accomplish all that would be required, he would not be the willing dupe of the nostrum vendor, as he now is.

Discussing this subject, Dr. Joseph M. King, Los Angeles, Cal., declared that some men with a good knowledge of the physiologic action of drugs, will yet grasp at every will-o'-the-wisp, but one of our troubles is that the rank and file of the profession have not an exact knowledge of *materia medica* and therapeutics. In several of the large clinics in this country which Dr. King has

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Small doses of magnesium salts intravenously injected, within a few seconds abolish respiration and inhibit all motion.

Sodium chloride solutions applied to a motor nerve cause contractions; magnesium abolishes conductivity and excitability.

visited, a great deal is taught regarding diagnosis, but he heard very little concerning treatment, and it would seem that clinics are being held to teach diagnosis only, and not for the purpose of teaching therapeutics also. Of course, no man can successfully treat a case until he can diagnose it, but the patient pays for the application of what the physician knows regarding remedies. It is important that the physician should have a thorough knowledge of the weapons at hand, and then he will not be so prone to run after false gods.

Dr. John H. Musser, Philadelphia, said that the *nostrum* evil stultifies the profession in many ways. First it robs the physician of that practice of nice discernment in the choice of remedies, of their indications and their doses, which is essential to the full development of therapeutic skill. Second, it prevents a cultivation of the scientific therapeutic habit, for, if premises are wrong, how can conclusions be correct? The uncertain combinations in unknown proportions, of unreliable remedies, can not possibly form a true figure in a proposition. Consequently, no true conclusions are drawn, and, hence, scientific habits are very soon cast to the winds. Third, it engenders irresolution as to the value of remedies. They are given in a half-hearted manner, and consequently a minimum effect is produced. A physician who prescribes with a clear knowledge of the effect of a remedy gets a surer and more immediate response. Doubt causes inaction. Fourth, it destroys scientific habits. If a scientific habit is not employed in our work, we are not truthful in our action. This lack of the worship of truth in treatment soon engenders a want of exactness in diagnosis. In consequence, a slovenly habit of practice in general will follow. Fifth, the doubt of the value of drugs and of medical measures is soon transmitted to the laity. Is it any wonder, Dr. Musser asked, that all *isms*

flourish when physicians can not support their own therapeutic actions by experience or by scientific induction? Sixth, the *nostrum* evil threatens the enlightened principles of modern medicine. Our great glory is in adhering to the line of conduct of the tenets of Hippocrates and of Sydenham. "Do good or do not harm." It is not the use of drugs, but it is management and measures that mark our later-day progress. By the *nostrum* tenets, polypharmacy is essential and excessive drugging is the rule, both contrary to modern medical practice. Seventh, the *nostrum* evil stultifies physicians, because it makes them dishonest. They can not be honest if they prescribe things of which they know little or nothing.

Dr. J. T. Priestley, Des Moines, Iowa, said that the graduates of the various institutions in this country have had neither the time nor the opportunity to learn to dispense their medicines, and in this they certainly are weak.

Dr. John A. Witherspoon, Nashville, Tenn., said that too little attention is given to the actual bedside teaching of the management of disease. Most young men leave college with an imperfect knowledge of the physiologic action of drugs and imperfectly prepared to make any therapeutic application to a case in hand.

While the remarks in this paper and the discussion were aimed specifically against the *nostrum* evil, the reader will note the similarity of the language employed to that we have so often used against the untrustworthy galenic preparations. Ignorance as to the true nature and the effects to be expected from any remedy is bad; whether it be one of the secret mixtures of the pharmacist or the variable combinations of Nature.

We can not better illustrate the fact that we are simply representative of one

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In all animals complete temporary narcosis can be caused by magnesium hypos, perfect muscular relaxation, lasting two, three hours.

Magnesium sulphate 0.06 per kilo injected intraspinaly causes within two minutes complete motor-sensory palsy of legs.

phase of medical thought than by quoting the following suggestive editorial from the *New York and Philadelphia Medical Journal* of late date:

#### NIHILISM IN THERAPEUTICS.

The skeptic voices his doubts somewhat as follows: "Specifics you can count on your fingers—quinine, mercury, the iodides, antidiphtheritic serum, the salicylates probably, the bromides perhaps, iron and arsenic it may be—and you're done. A handful of diseases directly controllable, but the overwhelmingly greater number beyond our power either to govern or to stay. A diagnosis, some experimental drug giving—for every line of treatment is an experiment, just as every diagnosis is a guess—a recovery ascribable rather to Nature than to drugs, or possibly a confirmatory autopsy; such is the inglorious role of medicine." This view of our limitations is pretty general, something of a fashionable intellectual pose, particularly among the younger ultrascientific men; and it must be reckoned with.

It may be replied, and the oftener the better, that, though we have few specifics for diseases, we have *many for symptoms*. The most superficial view will remind the cynic that we are virtually in control of such general manifestations as pain, hyperpyrexia, excess and deficiency of vascular tension, cardiac weakness or overaction, dropsies, sleeplessness, cough, constipation, diarrhea, excessive sweating, vomiting, delirium, and a host of lesser bothers; so that, while we cannot always stop the disease, we can inhibit its phenomena. which, unrelieved, may alone and of themselves cause a fatal issue.

No analogy more nearly walks on all fours than the comparison of a patient in the grip of, say, a continued fever and a ship in a storm. No power can stop the storm, but much can be done to help the staggering vessel ride it out. And it is as reasonable to disparage the officer's

services on on the bridge as the doctor's at the bedside. There is art as well as science in both seamanship and medicine. The skilled master does a hundred things with sails and helm which ease the straining bark, but are not taught in any treatise on navigation; and the veteran practitioner intuitively meets danger by combinations not found in any pharmacology. And his instinct directs equally what should be left undone—when to stand by with all hands, nor touch ever a brace or a halyard, while the good ship glides past the reefs into the harbor. There is the sense of that quip which stings a bit in the ear: "There is much difference 'twixt a good doctor and a bad one, but little 'twixt a good doctor and no doctor at all." How that truth smites the consultant when he finds some typhoid case laboring like a vessel in distress under the use of salol and bismuth and strychnine and quinine and turpentine and alcohol, when it would ride lightly under the orders given nearly a hundred years ago by grand old Nathan Smith: "He fed the patient largely on milk, he gave him to drink copiously of clear water, he stimulated him at times, he withheld strong drugs, he kept him in a cool, well-ventilated room, and he drenched him frequently with cold water when the fever ran high." (Mumford, *Medicine in America*.) There is a time to give and a time to withhold, but cut and dried science fails to teach us when. In practice the brain's laboratory will never be supplanted by the pathological laboratory. Not every craft weathers the gale. Resistless violence, unsuspected currents, hidden weaknesses wreck, spite of science and skill. Nihilists keep repeating that but little variation of results in pneumonia is shown by statistics of whatever form of treatment. True, and similarly Lloyds' reports a pretty even average of marine losses from year to year. But for that reason will you venture to sea without a captain?

Effects of tetanus toxin completely relieved for many hours by intraspinal injections of magnesium sulphate.—Meltzer.

Intravenous injections of magnesium salts stop almost instantaneously all intestinal peristalsis.—Meltzer, *Medical Record*.



Truly, we have cause for new courage and greater endeavor. Strong words like these are but "signs of the times."—ED.

### A CASE OF EPILEPSY TREATED WITH NITROGLYCERIN.

Why don't you learn to sing?  
Said the robin to the turtle.  
Why not learn to warble  
Of waving corn,  
And twining myrtle?

I am well aware I have no business in venturing on this article—haven't the necessary amount of gray matter. My betters have wrestled with this, lo, these many moons, and though my betters are still in the ring—so is epilepsy. In addition, this is one solitary case. Where I'm located its ten miles to a lemon, and if I waited until I could report a series, Methuselah would have to take a back seat. And then way back in a quiet nook of my heart, is the sneaking hope that some kind scientist will kindly point out the fallacy of my reasoning, and if I am doing no good will prevent me from doing harm. For prithee, friends, though I have no principle I boast a conscience.

Now for it. First, my patient: Mr. J. B., age thirty-five years, weight 158 pounds, general health good, of course with the exception of the fits, and a pain in the right side, which I believe subsequent treatment proved I rightly diagnosed as due to the liver. At any rate, six granules calomel, gr. 1-6, and six podophyllin, gr. 1-6, followed by a saline laxative in the morning administered once a week brought the pain in the side to an end. Appetite good, in fact I believe as is usual in epileptics, too good.

Now as to the seizures. These oc-

curred weekly, and in damp heavy weather, semi-weekly; were of sufficient severity to be entitled *grand mal*, resulting in the loss of consciousness and the usual tonic state of the musculature. He also had an aura, loss of vision immediately preceding the seizure. *Strong heart action but the face turned blue during the fit. Note that.*

For a while this puzzled me. Then it occurred to me: could there be such a thing as asthma of the brain, spasmodic contraction of the arterioles producing venous stasis, with consequent loss of oxygenation? This as my readers have probably foreseen, is the keynote of my treatment. I will own that it was with many misgivings that I started in on nitroglycerin. I worked the physick end of the string for all it was worth.

"Jim", says I, "take one of these before each meal and one at bedtime; always have them with you; every time you find yourself getting 'fadey' (i. e., blind) down five of them. They'll give you a scandalous headache for fifteen minutes or so, but you won't have no fit." ("One of these" was glonoin, gr. 1-250.)

You may not know how scared I was by the size of the dose. I see I am lapsing into my usual manner of the cap and bells; it's hard for the fool to change his coat. I shall let the foregoing stand. These articles were written in the short intervals vouchsafed me in a large and impecunious practice. Any doctor that don't know what sort of practice that is, can come and handle mine a month and find out. I'd like to go fishing.

To come right down to business here is my theory: Somewhere I have read there are no nerve fibrils in the arterial coats. I believe there are. When these

Intraspinous injections of magnesium sulphate, 0.02 per kilo, have been used successfully for surgic anesthesia; 4 hours later.—Meltzer.

The *Medical Fortnightly* stands for progress, honest practice, independent thought and good will of medical men.—Norbury.

fibrils are not bathed in oxygenated blood they fail to functionate with consequent loss of coordination. (I wish I could put this thing right.) You'll see what I'm driving at, I am going to hark back to facts, i. e., my treatment of the patient. I'm good on facts. (Used to do fire alarms for the *Bullskin Bugle*).

Somewhere I read (I think in the *Journal of the A. M. A.*) that a tolerance for glonoin is quickly established, necessitating a constant increase of dosage. After a considerable cogitation over this, I concluded to administer my glonoin after Charcot's rule with the bromides, i. e., begin and hold the minimum effective dose the first week, increase enough to hold your own the second, increase again to effect the third week, then rest a week, then start again—minimum dose. Accordingly I gave Mr. B. one granule nitroglycerin four times daily, before each meal and at bedtime. Second week two granules at the same intervals and the third week three. Fourth week, placebo. Every Saturday he took the calomel and mandrake followed Sunday morning with saline laxative. During the glonoin weeks he also took twice daily, morning and evening, a mixture containing potassium iodide and iron and ammonium citrate. He is on his sixteenth week without a fit. During that time he has taken the five-granule dose twice with success both times; he did not lose consciousness or fall.

I wish this was better written. I also humbly hope that some one will comment on it, either anteriorly or posteriorly. Even a good scolding will be received with thanks. One thing more which I believe I have omitted to state, and I have done. My patient had been

put through his paces with the bromides several times before coming into my hands.

In glancing over the above, I note I have omitted one important particular. Mr. B. had his first seizure in his twentieth year. His age being now thirty-five, makes the duration of his disease fifteen years.

L. THOMPSON CLASON.

Urbana, O.

—:o:—

Read the editorial and the long article on Epilepsy in this number. Maybe it will help.—Ed.

#### 'WARE THE MOUSE!

In the *Medical News* Palier presents a study of the microorganisms found in the mouths of healthy individuals. He concludes that there is found in the mouths of most persons an organism, appearing in different forms, one of which is known to us as Fraenkel's pneumococcus lanceolatus. For this he proposes as a more distinctive designation the name of diplo-lanceo-bacillus-coccus.

His studies bring him to the conclusion that neither the sputum nor cultures therefrom of healthy people, nor of those suffering from pneumonia, are virulent enough to cause attacks of the latter malady—that is, a general infection of man, the most resistant of animals toward this microbe. To become infective the microbe must first pass through the system of a more susceptible animal, such as the mouse, whereby the virulence of the germs is greatly enhanced.

Hence, to the house mouse we are to look for the main factor in the causation

Kindly and philanthropic gentlemen furnish us formaldehyde milk, glucose sugars and syrups and borated meat.—Wahrer.

Nausea: Small doses of calomel—gr. 1-10 to 1-20—every quarter or half-hour will often relieve in a manner difficult to explain.

of pneumonia. Becoming inoculated with these germs from human sputum it returns them in a virulent form. Local inflammations, however, may be caused by contact of the germs from the human sputum with lesions of the mucous surfaces, but not with unimpaired epithelium.

The usual method of diagnosing pneumonia from the sputum is valueless since the pneumococcus exists in most healthy persons' mouths, anyway. Cultures must be obtained from the blood, as this organism is never found in healthy blood. This also disposes of the possibility of active immunization against pneumonia—which for that matter is not self-protective.

The same organism is found in the stomach during hypochlorhydria, but it can not thrive in acid media.

To the mosquito, housefly and bedbug we must therefore add the mouse as a carrier of disease to man. Woman is vindicated in her dread of the wee animal, and the unerring nature of her pre-rational instincts demonstrated. A vigorous crusade should in fact be organized against all household parasites, and they should be looked upon as disgraceful companions quite as much as lice have been hitherto considered.

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#### SUBLIMATE.

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To obtain the greatest germicidal effect from corrosive sublimate, the following solution is recommended:

Mercuric chloride ..... 1  
 Hydrochloric acid ..... 5  
 Alcohol, 60 per cent ..... 1000

In this solution the germicidal intensity is out of all proportion to the con-

centration. It is important to have diluted alcohol or alcohol of 60 per cent; a solution of corrosive sublimate in absolute alcohol has no more germicidal action than the alcohol itself.

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#### DRUG FIENDS.

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By far the greater number are born of illiterate, poverty-stricken, debauched parents; born with inherent desire for crime, with depraved appetites, with a craving for something, they know not what—but they are not long in doubt about it, for they have an example in an associate, perhaps father or mother, who is under the influence of cocaine, opium, phenacetin, or some other damnable narcotic which is at hand or easily obtained, if a report in the *Medical News* of one hundred and thirty-nine prescriptions sent out by the Board of Pharmacy to be filled by Chicago druggists would be evidence in the case.

That there is such a class that never rises above animal level, and that there will always be such a class so long as they propagate under the same conditions, no intelligent, educated American will deny. Nowhere on earth, except in America, does such a class of animals get so much undeserved sympathy. When found by the good Samaritan in their maudlin conditions they are run into a house of refuge, fed and clothed, and have the best medical talent to administer soothing potions to their depraved appetites, all paid for by their magnanimous benefactors. Next comes the confessional, and their blatant unauthenticated accusations against the medical profession, the most noble on earth, as being the cause of their downfall, seems to be

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Preventive medicine is a specialty with which the ordinary practitioner has little to do and little knowledge.—Kean. True?

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Discussing Stanton's proposed medical supply table the military surgeons showed a touching devotion to castor oil.

made the basis of annual reports from institutions where they are cared for.

That class of animals have more sympathy among the medical profession than anywhere else, the clergy not excepted. But we are glad to remark that they are not carnivorous and hope that their conditions may be bettered; and we make the bold assertion that this will be done *by the medical profession.*

T. C. ESTES.

Bennett, Mo.

—:O:—

It is undoubtedly true that a large percentage of the drug fiends come of unstable parentage, and that any nervous defect may predispose to the acquisition of a habit. But that does not absolve the medical profession of responsibility, for after all where is the "perfect man?" Even the product of degeneracy may become a useful citizen if brought up right; under stress even the apparently strong may go astray: Witness the large number of physicians who become morphine habitues, and no man is more conversant with the dangers of this habit than the doctor. We agree with Dr. Estes that this problem must be solved by the profession, and that too much time has been devoted to moralizing; but let us keep our own skirts clear.—ED.

### THE ALKALOIDS "LIGHTEN THE BURDEN."

I wish that I could say something to you which by publication would decide some hesitating brother to give the alkaloids a trial for his own, the doctor's, sake—especially the country doctor. Saying nothing of their convenience for dispensing, their unfailing efficacy is not

only gratifying, but it makes the burden of responsibility more cheerfully borne. He will soon be known as a successful doctor.

I want to say a word for caulophyllin. In my experience it is a specific for rigid os.

Well, I must stop, not that my enthusiasm for the alkaloids is failing, but when there is so much that can be said in their favor I feel that I, in my limited time and space, cannot do the subject justice.

A. T. DOBSON.

Trail, O. T.

—:O:—

Doctor, we very fully appreciate your kindly feeling towards us and the alkaloids, and realize that you, having tested the matter, naturally find it difficult to say just *how* good you have found it to be, for every one who has progressed far along alkalometric lines experiences the same difficulty. Speak a word to a brother practitioner where you can and when you can, and remember that fifty thousand brothers, members of the "family," are doing the same thing. At the present rate, five years from now will see the active principle practice the accepted method of medication in this country. We should like to have some reports from you with reference to caulophyllin in rigid os.—ED.

### THAT PRAIRIE ITCH FORMULA.

We are just in receipt of a communication from Dr. John Mayer, in which he says that hereafter he will be unable to furnish the formula for his prairie-itch remedy, as referred to in the CLINIC for May, 1905.

He has been so snowed under with

Nervousness: Anemonin is a good remedy for fidgets of either sex. Aconitine is said to resemble it, but we do not believe it.

Nervousness: Macroton gr. 1-6 to j every half-hour in hot water is one of the best remedies especially for women.

requests that the burden of correspondence has become too great, and, furthermore, he has elaborated the prescription and disposed of it to a manufacturing pharmacist.

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### WATCH US GROW.

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Look at the picture! See what has been done since the January JOURNAL

til we are safely installed in better quarters than ever before. Shall we stop then? Not at all—we intend to keep right ahead with this growing business—to keep it up indefinitely.

How did you like the last number of the new journal—the old CLINIC in its new form? How do you like this number? Already we have received a great many letters concerning it. The vast



How the New Clinic Building Looks Today--January 10

appeared. A month ago there was not much to be seen but ashes and ruins. Now our new building is up to the floor of the third story. And that is the way that we intend to keep on growing un-

majority of the writers spoke very flatteringly—so that we feel quite puffed up over it. Nearly everybody likes the new name though quite a number can hardly reconcile themselves to the loss

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Nervousness: For mental excitement or erethism of the aged, brucine is well suited; gr. 1-67 every fifteen minutes.

Nervousness: For the stage fright or other forms of apprehension, cocaine is specific; but keep it to yourself.

of the "CLINIC." We don't blame them; but after all the CLINIC remains—a bigger and better CLINIC than ever; even the name itself we shall retain if only as a title of endearment. Jimmy may be "a grown up," but to "pa" and "ma" he will always be "Jimmy."

Some of you we know are doing things to help us along in our new work of pushing the gospel of effective therapy into the broadening fields where it is needed. Are you doing it, Brother? If not, will you not help?

Here is what some of our readers say:

REGRETS AND ENCOURAGEMENT.

I regret very much to learn of your great loss by fire, at the same time I realize that it will but stimulate you to greater endeavor, "for age cannot wither nor custom stale your infinite variety."

C. E. TUCKER.

Joppa, Illinois.

HAS NO EQUAL.

In my opinion the CLINIC has no equal, so far as good, every-day, practical common-sense is concerned, to the general practitioner. The characteristics of the CLINIC—brevity, simplicity, utility, bespeak its untold usefulness to any rational mind.

W. R. SHOOK.

Iowa Park, Texas.

BRIGHT, BREEZY AND INSTRUCTIVE.

The CLINIC is fresh, breezy, bright and instructive; practical and common-sense, just what the every-day practitioner most needs, *except brains of his own.*

Have been working my way into the practice of alkalometry now for five years past, after more than thirty years of the stumbling and discouragements of galenical practice. It gives a new zest to life and I trust that the five or ten years of remaining active work will

be far more satisfactory and remunerative than the previous period of doubt and discouragement. *Alkalometry is the coming method of practice*—it is destined to usurp a true primacy in the whole field of medical practice of the future. Later I may communicate more freely.

ALBERT GEO. BLODGETT.

Wave, Massachusetts.

—:o:—

Come on, Brother, with that "later" communication.

The letter which follows is written by one of our good brothers as an appeal to the readers of the CLINIC. We appreciate it much more than we can say, and especially rejoice in the helpful spirit which prompts it—a spirit which seems to permeate so many of the members of the family.

TO THE SUBSCRIBERS OF THE CLINIC.

Through the medium of the CLINIC I have just learned of the great loss Dr. Abbott and the subscribers of the CLINIC have sustained by the burning of the CLINIC building and nearly everything it contained. It is a sad beginning of the holiday season for Dr. Abbott, and every subscriber should be ready to contribute his mite towards putting the building back in shape again. "A friend in need is a friend indeed," and now is the time to show our friendship for the CLINIC and its faithful editor by sending in our advance subscriptions, which I am sure will be a great help in pushing forward the work, and making the CLINIC even better, if possible, than it has ever been before. Fair weather friends are good, but those who stand by during the storm are the ones that count and are not forgotten. Those who have been "through the mill" can vouch for the truth of this statement.

I am sending herewith three dollars (\$3.00) advance subscription, and hope every CLINIC subscriber will do the

Nervousness: When disusing alcohol, male hysteria and mental overwork, cocaine answers, but the knowledge is perilous.

Nervousness: For children a safe and effective remedy is found in cypripedin gr. 1-6 every half-hour in hot water.

same; the effort will show Brother Abbott we are with him, and be a source of satisfaction to ourselves.

Wishing you all a Merry Christmas and a Happy New Year, I am,

Fraternally yours,

C. S. SCOFIELD.

Richford, Vermont.

### ALARMING TOXEMIA: HOW THE DOCTOR CURED IT.

In that bright Texas journal, the *Courier-Record of Medicine*, of Fort Worth, we have recently enjoyed reading an excellent article upon "Rational Therapeutics," by Dr. Orville Westlake. The doctor outlines in an admirable way the principles essential to success in medical practice. We wish we had the space to give the readers all of it, but for that they should write for the journal itself—or better still subscribe; we can give only a "taste" here.

As an illustration of what can be done when the doctor goes about his work intelligently, Dr. Westcott describes the case of a man twenty-four years of age, whom another physician had visited and pronounced in a dying condition. Upon inquiry the doctor found that the patient had been eating heartily for several days and exposing himself to the sun's rays in the cotton field. The evening before he came in from work complaining of intense headache. He was found to be suffering from a fever, temperature 105° F., pulse 120, respiration slow and stertorous. unconscious, jaws set, pupils contracted, abdomen tympanitic. Certainly an unpromising case. However, Dr. Westcott went to work with the following indications in mind: To restore the circulatory equilibrium; to empty the ali-

mentary canal; to arouse the secretions; to reduce the intense fever heat; to neutralize the toxins; to repair the damage done to the system—six pointers.

The treatment instituted by the doctor was as follows:

I gave a hypodermic of atropine and glonoin, each 1-100 grain; a bowel injection of two quarts of cool water, with a tablespoonful each of sodium borate and salt dissolved in it. In ten minutes I repeated the hypodermic. Then I prepared a mixture of croton oil, 3 drops, glycerine 27 drops; forced the mouth partly open and squirted ten drops of this mixture in as far as possible with a medicine dropper, repeating the dose every fifteen minutes, till all was given. I also applied ice-cold cloths to head, chest and bowels and hot bricks to the feet and legs, and wrapped the hands and arms in hot cloths.

In ten minutes the extremities commenced to get warm, the breathing was easier and the pulse softer. In twenty minutes the extremities were warm, the head, chest and bowels much cooler, and the cylster then passed, bringing a large amount of feces. In twenty-five minutes the croton oil got in its peculiar work and soon relieved the patient of an immense amount of terribly smelling filth. His circulation was now equalized again. His consciousness began to return, and then I gave him a teaspoonful of the following mixture every fifteen minutes until his temperature was 102 degrees F. then every half hour until 100, and then every hour thereafter until normal: Aconitine amorphous, 1-134 grain, veratrine, 1-134 grain, digitalin Germanic, 1-67 grain, all in one granule; fifty of these granules dissolved in three ounces of water. This dose was double the standard adult dose, but this case offered plenty of resistance and then "dose enough" to accomplish the work is the law. In one hour he was rational; in

Nervousness: For alcoholics still imbibing, give capsicin gr. 1-6 in a glass of very hot water; or small doses before meals.

Nervousness: Caffeine for physical overwork, with insomnia; for nervous debility; gr. j every hour till relieved; don't overdose.

three hours he was free from fever. His skin, kidneys and bowels had acted well, and he was now out of danger.

To insure more thorough cleansing and get the secretory organs in full action, I gave calomel, gr. 1-6; podophyllin, gr. 1-6, two granules of each every hour, and three hours after the last dose ordered epsom salt, one heaping tablespoonful dissolved in a glass of water, a large swallow to be taken every ten minutes till all was taken; this to be repeated in one and a half hours. I also directed two five-grain tablets of the compound sulphocarbolates every two hours for five doses, and every four hours for five more doses.

All this acted finely, and the next morning he was thought to be convalescent, but that evening late I was sent for to see him again and found him with a temperature of 102 degrees F.; head aching, eyes suffused; bowels hot and somewhat tympanitic, feet and hands cold, sighing respiration and restless, but conscious. His tongue was nearly clean, but was of a purplish tint and "flabby"; his breath was but slightly malodorous. I repeated the hypodermic of atropine and glonoin, and the aconitine mixture as at the first. His circulation was somewhat equalized; his temperature brought to normal in three hours.

Suspecting a malarial toxemia, chiefly indicated by the tongue, I gave him a half grain of quinine, with one granule of capsicin, 1-134 grain, every half hour for eight doses, and then thereafter every hour for eight more doses, after which I placed him on the triple arsenates with nuclein; two granules every four hours for three days, after which he was ready for work again. These last tablets are composed of strychnine arsenate, 1-134 grain; quinine arsenate, 1-67 grain, iron arsenate, 1-67 grain and nuclein 4 drops each.

You will see that the six indications as stated above were exactly and promptly met, as I see it; also the additional inferred malarial toxemia.

This case admirably illustrates the alarming symptoms which may be produced by a septic, absorbing bowel, and the almost magical improvement which follows intelligent resort to the "clean out, clean up" method of treating such cases. It looks simple enough, doesn't it? And it is simple—when you know it. The trouble too frequently is that the physician fails to take into account these elementary principles—sees only the alarming nervous or febrile disturbances—struggles for a satisfactory diagnosis, and finding none lets his patient die. Dr. Westcott knew better and won out.—Ed.

#### PROFOUND INTOXICATION.

Miss E. S., a strong, robust country girl of eighteen years, with no premonitory symptoms whatever, was suddenly taken ill with excruciating pains in head, apparently shooting from forehead to occiput, dizziness and vomiting, at about 11 a. m., Oct. 28, 1905. Within fifteen minutes, according to those in attendance, she had a convulsion and passed at once into unconsciousness.

I was called by 'phone and told to hurry for patient had "spinal meningitis."

Upon arrival, about one hour later, I obtained the above history of the case, and in addition was informed that about five years ago she had a similar attack, which proved to be cerebrospinal meningitis, from which she recovered in about five or six weeks. I found the patient comatose, and in nearly constant tonic opisthotonos; thumbs flexed in palms, fingers extended, pupils slightly contracted and insensible to light or pressure; pulse 90, axillary temperature 100.6° F., heart very irregular and

Nervousness: Motor restlessness, delirium, insomnia, irritability, from mental overwork, strain or sex excitement, cicutine.

Nervousness: Cicutine is specially valuable when patients fear the approach of insanity; the relief is notable.



Cheyne-Stokes respiration. Gave morphine gr. 1-4, and atropine, gr. 1-150, hypodermically and repeated dose in twenty minutes, after which spasm relaxed somewhat, while heart and respiration were much improved.

I returned in about two hours with counsel, Dr. Worthly, of Joliet, who attended her during the previous attack. We found patient in same condition as when I left her, and attendants said that there had been no change during my absence. Shortly afterwards a few red spots appeared over chest, which rapidly increased in size and number to a profuse blotchy erythematous eruption covering face, neck and upper chest. The bowels were emptied by copious enemas, and we were preparing for normal saline transfusion, when respiration began to fail and pulse ran up to 160 beats per minute.

Hypodermic injections of atropine, glonoin, digitalin and strychnia were without effect. The eruption assumed a purplish color and respiration ceased. Artificial respiration was continued for perhaps fifteen minutes, when heart ceased beating at about 3 p. m., and our patient was dead after only four hours illness.

B. L. GOOD.

Wilmington, Ill.

—:o:—

Once in a while the physician is called upon to treat these terrible and rapidly fatal cases, and they defy the skill of the best of us. We are going to turn this case over to the family for comment. What was the nature of this profound intoxication? How would you have treated it? What do you see in the doctor's treatment to criticise? We con-

fess that we have our doubts if any thing could have saved this patient.—Ed.

### GREEN APOMORPHINE.

Having read several interesting articles pro and con on "green apomorphine," I will give you my experience from the use of it in two cases. In 1895, while living in a "dry town" in which there were several "joints" where one could buy a decoction called "hophenweis" (I think I have the name spelled correctly, the negroes called it "hop tea"), I was sent for to visit a negro blacksmith, who, the messenger said, was having "fits." I found a robust mulatto lying on the floor in the rear end of the shop with a block of wood for a pillow. The face was flushed, pulse slow and full, breathing stertorous, every few minutes spasmodic rigors.

I could get no information from the numerous bystanders, but proceeded to "clean out" by giving hypodermically, 1-10 grain of *green* apomorphine. In a few minutes the "hop tea" began to "flow" and it was surprising the way it continued to flow. One of the negroes there told me, "Dat nigger dun drunk ten bottles of hop tea since breakfus. The bottles were small size beer bottles. After the "flow" ceased and an hour's sleep he resumed his work in the shop.

In August, 1902, I was called to see a young white man. I found the patient suffering from severe cramps and pains in the stomach. The family thought he had been poisoned, said he had eaten "some" watermelon. I gave him a hypodermic of 1-10 gr. green apomorphine. In a few minutes he began to vomit and

**Nervousness:** When giving cicutine, use the hydrobromide, gr. 1-67 repeated every two hours; a few granules suffice.

**Nervousness:** That resulting from physical overwork beyond capacity is relieved by veratrine one or two granules in hot water.

from the quantity it looked as if he had downed a whole "watermelon patch" minus the vines. After the effects of the apomorphine had passed I gave him a large dose of salts in order to let the balance of the melons and the vines (if they were in him) pass out the other way. The patient recovered without further trouble.

In my experience I have found no difference in the effects of the "green" and the fresher tablets of this remedy.

H. C. BUCK.

Friars Point, Miss.

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Nor has anyone else who has used the "green" apomorphine had any trouble in getting desired effects, minus any toxic action. It is pretty nearly time this bugaboo was exploded.—Ed.

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#### SOME RANDOM SHOTS.

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Well, the winter is here, and of course we will have pneumonia cases, and what not to deal with. I have come to the conclusion in treating for pneumonia to give as little drugging as possible. I had a number of cases last winter and lost none. Antiphlogistine and the various poultices may be all right, but I have discarded them, thinking them too burdensome. An application of equal parts lard and turpentine on a greased cloth, sprinkled with Lloyd's emetic powder answers better. I prefer the latter, renewing it every fifteen to twenty-four hours.

If pulse is high and bounding, with high temperature, I use defervescent compound to effect and keep it there with the compound and cold applications. I usually give a little strychnine through-

out the case. Of course, special symptoms require treatment. The thing to be remembered is "not to treat pneumonia but a patient with pneumonia."

I think the time has come for physicians to discard the massive medicine case, filled with messy solutions, which often nauseate their patients. The granules and tablets are neat and clean, and if properly dispensed, almost tasteless.

A word right here about dispensing. I dispense all my own drugs. People frequently call at the drugstore to have some old prescription filled for some complaint, something that Doctor So-and-So gave them years ago. I give them the medicine and charge accordingly. If I think they want their money's worth I make a solution of the tablets, throw in a few saccharin tablets to sweeten, color with a little syrup of rhubarb and the thing is done.

Some of the most remarkable cures I ever made I accomplished with the granules. I had a case of asthma this fall—a chronic case—patient said she had taken "barrels of stuff" for it with little or no relief. I promptly put her on strychnine arsenate, glonoin, and hyoscyamine, three of each every ten minutes during a spell, and pushed the strychnine between spells, and now she says she enjoys better health than she has for three years past.

Yes, the alkaloids have helped me in many a tight place.

I have come to advise caulophyllin in labor cases, for rigid os, false pains, or tardy pains, etc. I give two granules in hot water every twenty to thirty minutes. Sometimes a granule of glonoin seems to assist in these cases. No doubt I will be censured, but for after-pain

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**Nervousness:** To quiet emotion and restore self-control, caffeine valerianate, a granule every five minutes till effect.

**Nervousness:** Any valerianate relieves emotional instability; give small doses repeated very frequently, in hot water.

I leave a few hypodermic tablets of morphine and strychnine to be used as needed, per os. I have never noticed any ill results from their use, neither have I noticed any after-pains.

Do any of the brethren use strychnine arsenate preparatory to labor? I got the idea from Professor Hughes, an old therapist at Keokuk. I always use about 1-60 grain thrice daily for two to six weeks prior to expected delivery, and find that it is a good thing. I find with its use labor is easier, and quicker and is accompanied with less complications. Give it a trial.

The sulphocarbolates have done me many a good turn during the summer. When I look back upon my summer complaint cases and dysentery and general stomach troubles in old and young, I find that I have not lost a case during the season, giving me reason to think the sulphocarbolates are about right. Now that winter is here I shall not forsake them. Sometimes they come pretty handy in pneumonia, and other trouble. They are without doubt one of our best all-around antiseptics.

I have considerable more I would like to tell, but I am afraid I have already made this paper too long so will speedily bring it to a close. Pardon these rambling random shots as I have dashed them down "tween spells" during the day.

E. A. NASH.

Dundee, Iowa.

#### GERMICIDAL TREATMENT OF PNEUMONIA.

It being well known that pneumonia is the result of the presence of pneumo-

cocci in the lungs, it stands to reason that a germicide coming in contact with these germs will tend to destroy them. That has been found to be the case, and the treatment that I have used for the past eight years has been as follows:

Commence the use of formalin as soon as the first symptoms make their appearance. This inhalant is made in the following formula: Alcohol, oz.  $1\frac{1}{2}$ ; formalin, dr. 3; chloroform, dr. 2; oil rose geranium, gtt. 20.

The amount of the formalin can be varied slightly but the ordinary formalin of the druggist is not over 30 per cent. When of full strength two drams is sufficient. This must give the best results and is the commonly used strength. This should be used from a large-mouthed vial held near the mouth of the patient.

The patient should be kept under its influence until all symptoms of the disease have disappeared, and until all pneumococci have disappeared from the system. The chest is to be kept covered with iodized oil with chest packed. The oil is made of saturated solution of iodine in alcohol, oz. 1; castor oil, oz. 7.

This should be kept thoroughly applied until the lungs are clear. The bowels should have attention with suitable medicine. The cough is allayed by the use of prussic acid with some mild sedative. The following is usually used: Deodorized tr. wild cherry bark, dr. 2; syr. tolu, oz. 2; dil. prussic acid, dr. 1. One teaspoonful every two to six hours in connection with 5 grains of hexamethylene-tetramine (urotropin) which is given once every two to six hours. With this treatment the pneumococci disappear with twenty-four hours. The

**Nervousness:** Nervous debility, vague pains, alcohol or tobacco users, strychnine arsenate in small doses pushed to effect.

Danger from intraspinal use of magnesium salts is removed by flushing spinal canal with soda solutions.—Meltzer.

doses can then be given at extended periods as the case progresses toward recovery.

The patient usually using the inhalant after the first twenty-four hours finds it a relief to all lung disturbances. The sputum within a few hours under the inhalant becomes thin and watery and the rustiness usually disappears. The disease is abated by the destruction of the germ in the lungs by the inhalant, and those in the general system are as readily destroyed by the use of the salt of formaldehyde by the stomach.

The cases are usually under control within twenty-four hours.

CASE I. Miss McL., age seven years, malignant rubella, with difficulty in both lungs. Was thought to be in a dying condition and was unconscious; had not swallowed in six hours; constant flow of bloody mucus from mouth and nose. She was given the inhalant with instructions to hold to the face until she should sleep, then to hold a little further off. In thirty minutes the patient was sleeping with marked relief. The chest was then packed with the iodized oil, and as soon as the patient could swallow small doses of hexamethylene were given by the mouth, with strychnine added to the oil as a stimulant and tonic. Prompt recovery followed.

CASE II. Mr. C., age 40, an habitual user of intoxicants, was found after an all-night rest on the ground thoroughly chilled. Was taken in charge by the authorities, cared for and developed pleuropneumonia.

Was admitted to the hospital, on the 10th day. Condition: Temperature 104, pulse 130, respirations 36. It was thought that he would die. Left lung

congested and right partly so. Sputum rusty, some hemorrhage. Painful cough nearly constant. Some irritation of the stomach and bowels. Was delirious at the time.

The treatment was as follows:

Inhalant held constantly to mouth. Chest wrapped with pack saturated with iodized oil. Hot bottle to hasten absorption of iodine. Full doses tinc. lupulin, tinc. valerian, tinc. capsicum, with soda bromide, small doses of strychnine with digitalin once in two to three hours. In twelve hours sputum had become clear and respirations improved. Temperature subsided at the end of twenty-four hours. Hexamethylene administered with strychnine and digitalin. The lupulin mixture was continued as it was found necessary to control disturbances following the excessive use of alcohol.

Case was in one week out of bed. Discharged.

H. C. HOWARD.

Champaign, Ill.

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This inhalation of formalin is decidedly useful. Whether it will abort pneumonia we do not know, but in common colds and the forming stages of respiratory influenza we have employed it with unmistakable benefit.

Some years ago a very bright girl tried to put on the market a little instrument known as a "crystal chimney," which consisted of a glass tube dilated in the center containing absorbent cotton impregnated with formalin. Had the public appreciated, at its true value, this little apparatus, she would have made a fortune of it. Possibly it was too simple and too cheap for public favor. Had it been a secret costing \$10, judiciously

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Paralysis from magnesium intraspinally rises from legs to body and if the dose is large enough stops respiration.—Meltzer.

Chevalier found in an American aconite 9.58 grams per kilo of alkaloids; double the ordinary quantity.

advertised, people would have tumbled over each other to get it.—Ed.

### INFLUENZA ABORTED.

We desire to lay before our readers clearly and succinctly a few simple points relative to the radical treatment of influenza, considering the subject in general rather than in detail for, regardless of the form in which it may manifest itself, the symptoms are practically the same, the resultant being determined by degree or by certain physiological weaknesses.

In all cases three things present, congestion, cessation of elimination and infection. These call for aconitine, digitalin and veratrine if sthenic; or aconitine, digitalin and strychnine if asthenic, to reduce the congestion. Use saline elimination to clear out the alimentary canal (preceded by a few granules of calomel, gr. 1-6, if desirable); this cleaning to be followed by the compound sulphocarbolates as a local disinfectant. The basal remedy, calcium iodized, being given in medium dose (one-third to one-half or one grain, according to severity of attack) every two hours from the first.

If this treatment is instituted promptly and varied to meet existing indications as they present (that is, departure from the usual, typical state) practically all cases will be aborted.

Should they run along for a few days in spite of treatment, as they sometimes will do when the physician is not prompt and positive enough with his dosage, no change is to be made except to increase the dosage of this or that according to indications and sometimes to add hyos-

cyamine or codeine, or both, with perhaps a spray of campho-menthol solution for the cough.

This general outline will apply in all cases of coughs or colds and exceeds immeasurably any other that to the writer's knowledge has ever been presented.

### MY BEST CASE IN 1905.

A physician going away, left in my care a woman who had been flooding for a week. The treatment had consisted of a careful packing of the vagina, the case being a non-parturient one. It was afterwards estimated that there had never been the least stop to the hemorrhage; the apparent check representing the time necessary for the blood to saturate and flow through the tampon. The internal use of adrenalin I had to regard as going for nothing, as I had accepted the views that the action of the drug is local only. The husband came first to get some medicine which I rather unwillingly sent. Towards night of the same day I was sent for. The condition was about this: A mother of several children. No evidence of a recent pregnancy. Two years ago, treated for same trouble in hospital by curettement. Had experienced relief, until recently these attacks had returned.

I found the medicine I had sent had made no impression. My rising astonishment at this failure subsided when on examination I found the most marked derangement of the stomach and hepatic function and the patient well on in the second week of an attack of la grippe, of which no regard had been had. My treatment of this case, as a learner at the feet of the two masters, Doctors

Bardet found in aconite from Zinal valley enormous quantities of alkaloids as compared with other French aconites.

Fever increases nitrogen excretion; quinine and coal-tars stop this loss, but it increases when the drug is stopped.—Dutcher.

Waugh and Abbott, had been fully tested lately in two cases of hemorrhage following abortion, each at three months, and I took hold of this most desperate case with a confidence that was almost exultant.

Glonoïn and atropine first, of course; but a feeble fluttering pulse called also and quickly for strychnine in full doses. The bad condition of the stomach had prevented the absorption of the medicine I had sent, and now that little instrument that usually stays in my hip pocket was brought out, its plunger in good order as always, and for a little while doctor and little syringe were very busy. Gelatin, all the state of the stomach would allow, was given by the mouth and probably did no good. The exsanguined patient, pale as death, seemed destined to leave a house full of motherless children. I had watched my own mother die while I was a child and the tide of sympathy rose till every faculty was aroused. The husband, full of sympathy, was level-headed and cool and ready at a nod to do just what I wanted. The night had set in and I was left there with that white face and the ticking of the clock. But it was a time for work most strenuous and a watchfulness most alert. Aye, these night battles when the enemy is right there! The powerful remedies were repeated with a frequency which ordinarily would have been sheerest recklessness.

As the hours wore on there came gradually the evidence that the tide was turning. Then the local use of ice in the vagina was resorted to and the flow began to check and the vital force to rally, with no tampon in the way to mislead. The full saturation of the sys-

tem by the two powerful alkaloids, atropine and strychnine, I was perfectly sure would hold every point gained and keep the blood damned back from the point of leakage and my confidence increased, as I knew I was building on solid foundation.

Another agency, not physical I would be untrue to myself and my past experience if I should here withhold. Probably I might not be courageous enough to allude to it if it were not for the recent words of that rare, brave man, Dr. Brewer, my reliance on a higher power, the Eternal Creator. Able to do because omnipotent; willing to do because of our Father working with or through our remedies.

In perhaps five hours the flow had ceased entirely and with the heart's action so strong and steady I wasn't afraid to let my patient have what she needed, a night of refreshing sleep. And by midnight we were all resting in slumber, one more fierce battle fought and one more victory won.

M. T. FULCHER.

St. Louis, Mo.

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#### ALKALOIDAL MEDICATION.

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Herodotus tells us, "It was a Babylonian custom, of placing their sick at the gate of the city, that these might obtain the experience of others as to the same complaint afflicting them, and get advice respecting the treatment of their own cases."

Drug medication is founded and built upon *empiricism*. Likewise alkaloidal treatment—that well-nigh perfect form of drug medication. The process of the development of practical therapeu-

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Carthagen*a* ipecac, now admitted, is richer in cephaeline and poorer in emetine than the now scarce Rio root.

contains 2.026 p. c. emetine and 0.0842 cephaeline; Carthagen*a* root 1.544 per cent emetine and 1.389 per cent cephaeline.

tics, has resulted in this last system of drug medication, and given us, as heir of the past ages of progress, this vastly superior mode of treatment.

In the administration of the alkaloids, the practice is to give a minimum dose every fifteen, twenty, thirty or sixty minutes until the desired result is obtained. To illustrate: I am called upon to attend the case of a little child suffering with a severe fever. I make my diagnosis—malarial fever. If I reach the patient while the chill is on, I administer one granule of atropine gr. 1-500 to relieve congestion. To clear up the system from debris, and to stimulate a free flow of antiseptic bile, I give one granule, 1-10 grain of calomel, and leave five others to be taken one every hour until a free action of the bowels is obtained.

For the pyrexia, I call for water, glass, and spoon. Placing twenty-four teaspoonfuls of water in the glass, I add from my pocket case from three to six granules (according to the age) of defervescent compound, a teaspoonful of the mixture to be given every fifteen, thirty, and finally sixty minutes. As dominant treatment (or prophylactic) against the malarial cachexia, either the arsenate of quinine, or the antimalarial granules (Dumas).

It was during the year 1895 that my attention was practically directed to the advantages of using the alkaloidal granules in preference to galenical preparations. The *Medical World* called my attention to, and caused me to accept alkaloidal medicine as part of my routine practice.

Ever since its discovery, Peruvian bark, its preparations, or its alkaloids, have been the standby of our profession

as a prophylactic in its relationship to malaria. Whether we regard Peruvian bark, or its alkaloids, as a germicide, or as an agent for remedying the ravages of the disease on blood constituents, or as a general tonic, we cannot limit its action within these lines, that is, if we administer it in the doses we are accustomed to use in cases of malarial infliction.

To illustrate: In large doses, long continued, we find it highly congestive in its action on the body. Hence the dizziness and the ringing sounds in the ears. By its congestive, energizing action on the uterus in labor, we find it an excellent substitute for ergot. It is therefore contraindicated in pregnancy as tending to such a stimulation as may result in loss of the fetus before term.

Another thought: Arsenic is known, empirically, to increase the number of blood-corpuscles in the blood current. Therefore it does repair some of the ravages of the malarial complaint. It is also recognized as a germicide.

A case: A few weeks ago I was called upon by a lady patient to treat her for malaria. She has given birth to seven children; the two last confinements I attended her. When called upon to attend her for the fever, her chill had passed off and she was suffering from the fever. Before administering any drug, she informed me she was seven months with child, and that she could not take quinine, as it brought on labor pains that threatened to make her miscarry.

I gave her a defervescent granule, and left others to be taken when required. In addition to this, I gave her one granule of atropine. I also gave her fifty granules of arsenate of quinine, one

Cephaeline is an acrid emetic while emetine is but mildly nauseant but markedly expectorant. Use the alkaloid you need.

With your treatment of hemorrhoids include aesculin and you will cure most of your cases. Try it brother.—H. Whistler.

granule every two hours first day, and one every three hours afterwards until used up. She had but one return of fever from commencement of treatment, and up to date is doing nicely and feeling first rate. It is now one month to her confinement. Her bowels and kidneys were properly looked after. The treatment of this case was purely alkaloidal from the beginning to the end.

It is my belief, that ninety-five per cent of all cases can be treated with greater success by alkaloidal medication than by the old-fashioned plan of treatment, by tinctures, extracts, (both fluid and solid) and the multiform modes of medication taught in our schools.

A. T. CUZNER.

Gilmore, Florida.

#### CALCIUM IODIZED AS A STIMULANT TO INDOLENT ULCER.

Thousands of CLINIC readers are using calcium iodized and its scope is widening rapidly. One writes:

Have you ever used calcium iodized externally, or have you any report to that effect? I had a case of severe varicose ulcer with a specific history. In spite of specific treatments and local applications the ulcer refused to heal. I had a bottle of powdered iodized lime handy and I thought it would not be a bad thing to try it; the iodine for its specific effect and the lime as a stimulant ought to work well. I covered the ulcer thickly with the powder and told the patient to return in forty-eight hours. He returned in seventy-two and the improvement in the appearance of the ulcer was truly remarkable. I am still treating it in the same manner and there is now only a little ulcer, about the size of a

quarter, left. The improvement is apparent from day to day. Of course one swallow does not make a summer, but I thought the experience was worth while reporting. If you have other reports let me know.

—:o:—

We have used this remedy as a dusting powder to advantage—in fact, with excellent results where antiseptic stimulation is required, and can therefore recommend it highly. Let others report.

#### EXPERIENCE WITH CALX IODATA.

I have often read statements in the CLINIC as to the marvelous results obtained from some of the alkaloidal products, which seemed to me must have been very much overdrawn, but as I have fairly tested some of these agents I find that the "half of their value has never been told" and most especially have I found this the case with calcium iodized.

I began its use over two years ago and have found it a remedy of the widest range and most dependable therapeutic value of any remedy of which I know. And it is with this remedy that in a number of diseases which I formerly most dreaded I now get most satisfactory results, such as tonsillitis, croup, bronchitis, pneumonia, scrofula, measles, lagrippe and coryza.

My first experience with it was in a case of tonsillitis in myself. I had for some time been having attacks of tonsillitis occasionally, lasting several days at each attack. Two years ago, while out on a call, I was taken with a chill followed by high fever and sore throat. I

Principles acting on the nervous system are alkaloids; on the muscles, glucosides; on the bowels, neutral; as a rule.

Alkaloids never exist free in plants but as salts of organic acids—malic, tannic, sometimes peculiar to the plant.



at once began with calx iodata, one-third grain, and one granule of aconitine every fifteen minutes, then thirty minutes, and later on an hour apart. In less than twenty-four hours I was clear of fever, felt relieved and only lost one day from riding.

In the acute stage with fever I usually combine the calcium iodized and aconitine in solution and have them pushed to effect. I usually supply the nurse or some member of the family with a thermometer so that they can give "dose enough" and know when to quit:

I have since used the above treatment with myself, with the same good results, and also in many cases in my practice.

I could give a number of cases of pneumonia aborted in from two to five days with calcium iodized and aconitine. It is true I used other agents but these were used by routine and mainly depended upon. I have this fall used calcium iodized in six cases of diphtheria. The first case was a child eight years of age, seen on September 26. Had been taken on the twentieth with sore throat as the parents thought. They had used "home remedies" to time I saw him and he had grown steadily worse, till his condition had become alarming. Temperature 102° F. very distressing dyspnea, had thrown off several detached membranes, could not speak above a whisper.

I put him on calcium iodized, half a grain with aconitine every half-hour and in four hours he was breathing easier. After six hours the medicine was given less frequently. In twenty-four hours from the first visit I again saw the child and found him breathing easily, temperature 100° F. and the throat in much better condition. I had him con-

tinue the remedy for several days and he made a speedy recovery. At this visit another child of the same family, complaining as the above case did on the start, had swollen and inflamed tonsils with a small exudate. On the same treatment the symptoms soon disappeared.

About two weeks later I was called to see a child six years of age on the seventh day of illness. This child's condition was about as the first one described, perhaps more distressing. I put her on the same treatment and in three hours she was breathing much easier. About ten hours after the first visit I called and administered 3,000 units of antitoxin. She had continued to breathe easier and until the beginning of the third day after I saw her seemed to improve, when she developed signs of pneumonia and died at the close of same day. A beginning attack in older child of same family was soon relieved with the calx iodata.

I have just discharged a case with baby eight months old, treatment began about fourth day of illness. Calcium iodized gave marked relief inside twenty-four hours, but was continued for several days.

I was called December 1, to see a boy ten years of age on the second night after attack. Suspected diphtheria, temperature 103° F., tonsils much swollen and could see a small exudate on one tonsil. I put him on the iodized lime and urged the parents not to miss a dose. I told them I would see him again next day, but he was so much improved, they thought, the next morning they telephoned me they thought it unnecessary for me to come. He was up after the third day and parents thought I was

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Plant combinations of alkaloids are almost always soluble in water and in alcohol; insoluble in ether.

To learn extraction of alkaloids, see Allen's Commercial Organic Analysis, Vol. III, Part II; Blakiston, price \$4.50.

mistaken in the diagnosis and to confirm their belief the druggist told them "no child could have diphtheria and get up so soon." On the fifth day I was again called to see the child and found his temperature  $102\frac{1}{2}^{\circ}$  F., and other symptoms almost as first case described. I resumed treatment with the iodized calcium when after two days he had improved considerably and on the 18th I discharged him.

I report these cases in detail as there seems to be deficient data on which to form a satisfactory conclusion as to the value of calcium iodized in diphtheria. I only used antitoxin in one of the cases as reported above and did not see any appreciable results from it over what the calcium iodized was giving. I would not advise against the use of antitoxin when used early as I have had good results from it in former cases. But I believe that with the proper use of calcium iodized, antitoxin will not be needed and the results are so much more sure and rapid.

Much more of the good results I might relate of this remedy, but those who have not tried it will find with a fair trial much more satisfaction in the results than what I could tell them of it.

W. J. SHACKLETTE.

Stephensburg, Ky.

—:o:—

In diphtheria it is always well to be on the safe side—give antitoxin by all means! Calcium sulphide should be given to saturation in every severe case.  
—Ed.

#### THE TABETIC FOOT.

Schwab and Allison (*J. A. M. A.*) who have studied the cause of the tabet-

ic gait in fifteen cases of tabes under observation for two years, came to the following conclusion: That the foot of a tabetic showing any degree of ataxia is a pronated foot, the pronation leading to muscular strain on the ankle, knee, hip and spine. This, together with the hypotonia, tends to break down the long arch, the result being a faulty mechanical instrument for walking, which has much to do with the ataxic gait. The Fraenkel exercise is advocated as a corrective, in conjunction with an orthopedic appliance in the form of a specially adapted shoe.

#### STATIC ELECTRICITY IN THERAPEUTICS.

May Cushman Rice (*Med. Record*) believes the general practitioner should better understand the uses to which static electricity may be put, as an adjunct to other therapeutic measures. The positive breeze relieves congestion when the positive pole is used, and, being a sedative, is indicated in headaches, epilepsy, neurasthenia, hysteria, etc. The static spark is a stimulant, producing counterirritation, and is useful in breaking up adhesions and in aborting acute rheumatism, rupture, ganglia, etc.

Other conditions in which the author recommends static electricity are convalescence after operations or prolonged illnesses, tuberculosis, neuritis, tic douloureux and constipation.

#### A FEW FACTS WORTH REMEMBERING.

Small doses of magnesium sulphate taken constantly will almost invariably

No more knowledge of chemistry and manipulation is required to extract alkaloids than any physician should possess.

Animals may be immunized by successive doses of strychnine and their serum injected renders other animals immune.—Meier.

cause warts to disappear. Ten grains of the sulphate once daily (or better five grains, t. i. d.) will cause the growths to shrivel and disintegrate in about two weeks. Facial warts are especially amenable to this treatment.

Avenin has not received the attention it merits; with helonin (aa. gr. 1-6) viburnin and gelsemin (gr. 1-134) it proves a most useful nerve sedative and tonic, exercising a selective action upon the reproductive organs. In deficient and painful menstruation due to anemia and nerve exhaustion this formula gives excellent results. Iron arsenate is of course indicated in the intermenstrual periods.

Mercury bichloride in extremely small and repeated doses will often give the most satisfactory results in the menstrual disorders which present in anemic and chlorotic subjects. Glandular activity is here particularly desirable (the strumous tendency being generally marked) and the small dose of the bichloride (alternated with iron and quinine) meets the indications perfectly. Gr. 1-134 to 1-67 thrice daily will prove the most effective dosage.

Scillitin is worth considering in "bronchial asthma;" hyoscyamine, lobelin, and scillitin in small doses may be alternated with strychnine and digitalin, every fifteen minutes. An excellent plan is to make a hot solution of glycerin and water, add the first-named remedies in sufficient quantity for three or four doses and order a teaspoonful as above.

Pilocarpine and cantharides usually prove the most effective remedies in alopecia areata. The patch should be well mopped with a strong solution

of mercury bichloride (or silver citrate) and the following lotion applied three times a day: Ext. pilocarpi fl., oz. 1; tr. cantharidin, fl. oz. 1; lin. saponis, fl. oz. 2½. Mix. Internally sulphur and pilocarpine in small doses.

The effectiveness of kerosene as a remedy for falling hair is generally acknowledged; the addition of acetic acid, dr. 1; cologne, oz. 1; to three ounces of kerosene will add to its value and entirely mask the unpleasant odor. The scalp should be rubbed well with this mixture night and morning.

Chloride of ammonia, half a teaspoonful, dissolved in a glass of water, will, if swallowed by a hopelessly drunken man, speedily enable him to walk or transact necessary business. Two ounces of olive oil will *prevent* intoxication from becoming profound. Gtt. 1-2 of beechwood creosote will put a stop to the hiccough following the use of alcoholics. A full dose of apomorphine followed by capsin will usually put an end to violent alcoholic delirium. The doctor often needs to know just these things. Remember them.

Never give chloral hydrate to a delirium tremens patient. Death has frequently ensued promptly. Empty the stomach, wash out the bowel and give capsin or piperin with hot water and a hypodermic of morphine and atropine. Avenin and passiflora pushed in full doses will give sleep.

If you haven't adrenalin at hand and epistaxis is serious, inject lemon juice and put the feet and hands into *hot* water. Give gr. 1-250 of atropine as soon as you can. In anemic cases the triple arsenates will be the best remedy; give for some weeks—one after meals.

Many diseases, including rheumatism and sciatica, are traceable to streptococcic pharynx infections.—Schwarzenbach-Holinger.

Pneumonia: Alcohol lessens leucocytosis, alkalinity of the blood, renal excretion, all elimination, disturbs proteid metabolism.

Bruises often demand attention: A solution of ammonium chloride in vinegar will, if applied on a compress, give excellent results. If seen early apply *hot*.

As an emergency application for burns and scalds nothing will equal a mixture of olive oil and creosote—one part to fifteen. This is applied at once with a clean feather or soft brush and pain ceases almost instantly. Asepsis is secured and the dressing (lint) does not stick. In burns of first and second degree nothing else required, as a rule.

#### DO YOU WANT THE INDEX?

Will all subscribers to the CLINIC who desire the index for the year 1905, kindly notify us at once. This was held out of the December number in order to get the journal out with as little delay as possible. It is now being printed and will be sent to those who ask for it.

#### FRESH AIR AND REST IN PULMONARY TUBERCULOSIS.

Dr. G. R. Pogue (*Med. Record*), points out that more harm than good has been done in many instances by ordering delicate consumptives with high fever, chills, and night sweats, to exercise and lead an outdoor life, without other instruction or a consideration of the lesions present. The patients should begin the outdoor life gradually, and without abrupt transition from their usual mode of life. Again, they aren't to spend seven or eight hours a day in a closed canvas box. They should eventually be kept outdoors all day long in the open air, and under practically the same conditions at night, but care should be exercised to protect them from cold winds.

The high mortality of pneumonia is in part due to the administration of alcohol; use only in habitues.—Barr Todd, *N. Y. M. J.*

rains, and storms, and in the summer from the direct rays of the sun. Of sixty-two patients whose histories are known to the author, and who were ordered to live outdoors and "rough it," forty-three are dead, and only two show signs of an arrest of their disease. He emphasizes the importance of rest in the treatment, patients being inclined to take too much exercise of their own volition.

#### DIABETES INSIPIDUS.

Schmidt said that two causes were mainly responsible for the quantity of the urine—namely, (1) increase of the arterial tension and of the velocity of the blood circulating in the kidneys, and (2) dilatation of the vessels of the same region. It was not likely that an increased chemical action due to special irritation of the parenchyma cells took place at the same time. As yet all descriptions of diabetes had the drawback of not exactly stating the blood pressure at the time in question. The changes producing polyuria, and polydipsia, could be looked for either in the nervous system, such as pathologic changes in the cerebellum, in the medulla spinalis, or in the vagus nerve (tumors, hydrocephalus, apoplexy, cerebral shock, disseminated sclerosis, cerebrospinal meningitis, section of the vagus at the throat, or pressure by an aneurism of the aorta); or, secondly, in the action of diuretics or similar chemical agents producing a dilatation of the blood-vessels. Severe cachectic and anemic diseases were also likely to produce polyuria, perhaps on account of the hydremia always present in carcinomatosis, chronic phthisis, and pernicious anemia.

Solis-Cohen praises palladium chloride in phthisis, except in nervous and neurasthenics where it easily increases heart action.

The treatment consisted generally in the exhibition of vasoconstricting remedies, such as ergot, digitalis, adrenalin, strychnine and the like. But the results were very unsatisfactory.

Schmidt proposes to produce hyperemia in another but neighboring region, especially in the mucosa of the intestinal canal and in the skin, so as to relieve the renal capillary system. In three cases he prescribed an energetic purgative, consisting of one gram of podophyllin, mixed with powder and extract of *rhamnus frangula*, and divided into 40 pills, two of which were taken every evening. The purgation induced in this way acted as a counterirritant and Schmidt succeeded in considerably benefiting his patients, so that they are now practically well. In cases which are able to sustain a sweating treatment by the use of the hot Turkish bath the relief obtained by the action of the sweat glands is still more marked, but care must be taken to ascertain that there is no atheroma of the vessels, degeneration of the myocardium, nervous asthma, or tachycardia which would be contraindications against such a radical procedure. The best results are obtained in polyuria combined with constipation and diminished perspiration.—*The Lancet*.

#### TREATMENT OF CHOREA.

Several of the French medical papers have lately called attention to the use of alkaloids in chorea, in particular apomorphine.

Clinical details are given of several cases of quite a severe nature. In one of them the trembling and symptoms were at first controlled by the following:

Weigert-Sterne treats hay fever by insufflations of sodium bicarbonate and chloride as often as symptoms appear.—*N. Y. M. J.*

Zinc valerianate and iron valerianate, of each one granule; monobromide of camphor, one; hyoscyamine and strychnine arsenate one each. These five granules were given five times a day and helped the case.

But the curative result was reached by this: Apomorphine, one; valerianate of iron, one; and monobromide camphor, one. These five granules were given four times a day. Then thinking that the apomorphine was the most active, it was given alone and in two weeks the case was cured.

These cases are so difficult to cure that trial should be made of this remedy.

THOMAS LINN.

Nice, France.

—:o:—

This is an excellent suggestion. We hope that some of the "family" will try the apomorphine and report their successes or failures through the CLINIC.

#### FOOD FOR BABIES—AND FOR THOUGHT.

It has been taught so strenuously for a number of years that the digestion of milk is seriously impaired by cooking and even by pasteurization that an item from one who thinks differently should have serious consideration. Some experiments recently made by Dr. Timothy Majonnier and reported in the *New York Medical Journal* are interesting in this connection. Under test conditions he examined samples of raw, pasteurized and boiled milk and "evaporated cream, the last being the trade name for an unsweetened condensed milk. The proteid in these different foods

Levy finds cacao containing lecithin increases the excretion of phosphorus in the urine, nitrogen being unchanged.—*Merck's Arch.*

was precipitated with acetic acid and digested with artificial gastric juice, made with pepsin and dilute hydrochloric acid. Tests made at the end of half-hour and hour periods showed that the raw milk was least rapidly digested and the evaporated cream most rapidly, an average of 92.6 per cent of the protein of the last being digested at the end of the hour.

As a further verification a child and a man were placed upon a diet of evaporated cream sweetened with cane sugar. The child thrived, gaining a pound a week; the man lost weight but gained in protein.

A diet of this kind may therefore be considered as a thoroughly digestible one, and admirably adapted for babies, while meeting many indications for an adult food. To remove any danger of infantile scurvy it should, however, be supplemented by some "natural," uncooked food, such, for instance, as a little fruit juice once in a while, or possibly, upon occasion, a little raw expressed beef juice.

#### THE DAY SPENT—BUT NOT WASTED.

"I know the night is near;  
The mist lies low on hill and bay;  
The autumn sheaves are dewless, dry,  
But I have had—have had the day.

"Yes, I have had, dear Lord, the day;  
When at Thy call I have the night,  
Brief be the twilight as I pass  
From light to dark, from dark to light."  
J. W. C.

—, New Jersey.

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We love to honor these noble old men of our profession, who "have had the day" and used it—used it wisely, simply,

lovingly; so that when old age comes, it comes as a benediction.—Ed.

#### FROM THE ROAD.

I had the following experience a few days ago, where I believe I saved the life of a child with calcium iodized. Having arrived late on Saturday night in a Missouri town I had not had a chance to meet any of the doctors. On Sunday morning, with the landlord of the hotel where I was stopping, I went to the postoffice for the mail and while waiting there he introduced me to one of the local doctors.

The doctor said to me, "Come up to the office; the mail is late and we can wait more comfortably there." While in conversation with him I told him of calx iodata and its worth in croup. He said, "I wish I had it here now." I asked why.

He said, "Last night I was called to a case of croup and have just now come from a consultation on the same case, and the child will die within two hours."

I said, "Doctor, would you use the remedy if you had it?"

He replied, "Yes, I would use anything."

I told him to wait five minutes, hurried to the hotel and got him a few tablets from my samples, rushed back to his office and gave them to him with the instructions to dissolve twenty in ten teaspoonfuls of hot water and give a teaspoonful every fifteen minutes.

He grabbed his hat and ran for the home of the child. This was at eleven o'clock in the forenoon; at three o'clock in the afternoon a rap came at my door at the hotel, and on opening it I found

In impoverished blood lecithin often does more good than iron; particularly in secondary anemias.—Levy, *Merck's Archives*.

Remete used thiosinamin injections in the back for 20 urethral strictures; results decidedly favorable.—*American Medicine*.

the doctor there. He came in and said to me: "Be sure to come to my office the first thing tomorrow morning! I want to give you an order. I am convinced that *calcium iodized has saved the life of that child.*"

He then told me that when he reached the house he gave the child a dose of the calcidin, repeated every fifteen minutes until he had given five doses with no visible effect; that then the child began to choke and cough. He said his hair fairly stood on end from fright, as he thought the child was choking to death, but when he gave the sixth dose the child gave another choke and cough and up came the phlegm, when the child was relieved at once. I have since learned that recovery was prompt and uninterrupted.

The following ludicrous incident occurred a few days since. I arrived at Unionville, Mo., just in time for dinner. The hotel (which by the way is the best in northern Missouri) has always on its table a plate of delicious white honey, of which the writer is very fond; so with good bread and butter and some of the honey I rounded out a good dinner. I also thoroughly enjoyed my supper when I had warm biscuits and honey again. The next morning for breakfast I was served with a plate of pancakes, but when I looked over the table for the honey found it missing. Calling the waiter I said to her, "Where is my honey?"

Leaning over, she said in a stage whisper, "Say, Boss, she don't work here no more; she done got a job at the other hotel."

The laugh that went around the ta-

ble it is needless to say cost me several cigars; but the alkaloids are right, and are taking tip-top.

ONE OF THE BOYS.

#### THE CORN STALK PITH AND THE SCREW CAP VIAL.

No, this is not a fairy tale, it is just one of those trifling little ideas we all have and consider too small to tell about. Wishing to carry a few tinctures in my pocket case, that is fitted with screw cap vials, and having got tired of the way they treated sliced corks (allow me in this connection to particularly censure the tincture of iodine which would eat up a cork a day and call for more), I hit upon the following expedient: Going out into the cornfield I selected some nice dry stalks, the pith of which would, by a little gentle crowding, just fit the neck of my vials; squaring one end of this, with a sharp knife I dipped it in melted paraffin, allowed it to cool, then inserted it about a third of an inch in the vial. Then I cut the pith off flush with the top of the vial, put a drop or two of paraffin in the cap, reversed the vial and screwed it into the cap. Of course, when once opened the seal is broken, but as a rule you will have use for all of it anyhow, so that don't much matter.

L. THOMPSON CLASON.

Urbana, Ohio.

—:o:—

Another bright idea from a resourceful man. All these little "kinks" are worth reporting. But why, oh why, Doctor, do you still have need of tinctures—except possibly the iodine, etc., for local application?—Ed.

Remete found that under thiosinamin urethral strictures softened so that gradual dilation was much easier and cures quicker.

Boix explains cirrhosis of the liver by enterogenous poisoning—intestinal autotoxemia. Some day we'll be discovered.

# AMONG THE BOOKS

## WHITE AND MARTIN'S GENITO- URINARY SURGERY.

Genito-Urinary Surgery and Venereal Diseases, by Drs. J. William White, and Edward Martin of the University of Pennsylvania. Illustrated with three hundred engravings and fourteen colored plates. Sixth edition. J. B. Lippincott & Company, Philadelphia and London. \$6.

The authors of this acceptedly authoritative volume are reliable just because they give the results of their own vast experience, while they are thoroughly acquainted with what is the experience of others on the subjects with which they are dealing here. The book is, for both general practitioner and specialist, of great value.

## BEARD AND ROCKWELL'S SEXUAL NEURASTHENIA.

Sexual Neurasthenia: Its Hygiene, Causes, Symptoms and Treatment, with a chapter on Diet. By the late Dr. Geo. M. Beard; edited with notes and additions by A. D. Rockwell, A. M., M. D. Sixth edition with formulas. New York, E. B. Treat Co., 1905. \$2.

This standard book has been known to us older practitioners since 1884, and we do not remember any of its subsequent editions that were not cordially accepted by the profession. Beard has immortalized his name by the first elucidation of sexual neurasthenia as a distinct disease, the treatment of which, like that of many

other diseases, has undergone changes, of which the editor of the present edition has availed himself. That this book is highly recommendable need hardly to be stated by us or anybody else.

## RUHRAH'S DISEASES OF INFANTS AND CHILDREN.

A Manual of Diseases of Infants and Children, by Dr. John Ruhrah, Professor in the College of Physicians and Surgeons, Baltimore. This is a very useful, handy, condensed and comprehensive volume. It is time saving for the studious student, who is always overworked, and for the general practitioner who often needs to refresh his memory on short notice on one and another topic in his encyclopedic practice.

The material get up of the book, 12-mo., 404 pages, excellently illustrated, flexible leather binding and rounded points, and the paper and printing are in the usual good style of the W. B. Saunders and Company firm, and the price is only \$2. It is a very desirable book.

## STELWAGON'S DISEASE OF THE SKIN.

The Treatise on Diseases of the Skin, for the use of advanced students and practitioners, by Professor Henry W. Stelwagon of the Jefferson Medical College, etc., etc., has reached again this year a fourth and thoroughly revised edition. We had it honestly in our heart to say of the third edition last year in our



CLINIC for June: "A splendid book," and we repeat it again and are honest in adding that for "An Advanced Student and Practitioner" (adjective referring to both) this book is a treasure, for it contains what is old and new and good in Dermatology. It contains also the latest in photo and radiotherapy. The publishers of the book, W. B. Saunders & Company, have done their usual fine work for this book. Philadelphia, 1905, \$6.

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#### RACHFORD'S NEUROTIC DISORDERS OF CHILDHOOD.

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Neurotic Disorders of Childhood, including a study of Auto- and Intestinal Intoxication, Chronic Anemia, Fever, Eclampsia, Epilepsy, Migraine, Chorea, Hysteria, Asthma, etc., by B. K. Rachford, M. D., of the Medical College of Ohio. Published by E. B. Treat & Co., New York, 1905. \$2.75.

With this volume Dr. Rachford has rendered an invaluable service to the profession, for which every reader of the book, and there ought to be but few who would not be, will join with us in thanking him. He touches upon topics most vital, and yet sadly neglected. We say this more especially of the intestinal intoxications, which as every physician knows, play such an important part in the diseases and disorders of childhood.

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#### SACHS' NERVOUS DISEASES OF CHILDREN.

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A Treatise on the Nervous Diseases of Children by B. Sachs, M. D., Alienist and Neurologist to Bellevue Hospital, second revised edition. This is an exten-

sive monograph upon a special subject—Pediatrics. Publishers, William Wood & Co., New York, 1905. \$4.00.

The author eschews, in this second edition, the anatomy and physiology of the nervous system, and does not branch off into other diseases of childhood unless they have a direct connection with neurotic disorders. This singleness of aim gave the author, as a neurological specialist, the room he needed for an almost exhaustive monograph, for which students of pediatry, as well as all conscientiously progressive physicians, will be thankful. The book promises to become a standard on this special division of pediatry.

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#### PARK'S BACTERIOLOGY.

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Pathogenic Microorganisms, including Bacteria and Protozoa, by W. H. Park, M. D. of Bellevue Hospital Medical College, and Anna W. Williams, M. D. of the Research Laboratory.

An admirable book for the study of bacteriology and allied subjects, covering practically all that science and research have reached at the present time. The subjects are presented in remarkably clear language for the very beginner, and the book will also prove very acceptable to the general practitioner and health officer. While the authors give existent theories, they do not fail to give how and how far they are accepted in the profession, and how they are to be applied usefully in practice. The book is in its second, enlarged and thoroughly revised edition. While we have larger books on these subjects, we can not but think this volume most useful for the student and practitioner. Publishers Lea

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Boix attributes hepatic cirrhosis to butyric, acetic, lactic and valerianic acids, acetone, aldehyde, and oxalic acid.

Joannovics finds butyric acid cause a chronic poisoning of the liver, but not resembling the lesions of human cirrhosis.

Brothers & Co., New York and Philadelphia, 1905. \$3.75.

**DAVIS'S "NEUROLOGY."**

Neurology, Embracing Neuroophthalmology. The new Science for the Successful Treatment of all Functional Human Ills, by A. P. Davis, M. D., Oph. D., N. D. Publisher, F. L. Rowe, Cincinnati, 1905. \$3.00.

The author, a thoroughly educated physician, claims in this book, as the title shows, a great deal for his system of therapy without drugs. He is the author of "Osteopathy Illustrated." We conclude therefore that he is an osteopathist; but that did not deter us from reading his book. The doctor is not a mereasserter, but a thinker, and one of the kind who disdain to think other men's thought, and become system builders themselves. In reading such authors we must keep in mind there is such a thing as a personal equation, and this will prevent our losing patience. There is much good that can be gathered from such men.

**VON NOORDEN'S DIABETES.**

Diabetes Mellitus, by Prof. Dr. Carl von Noorden. Publishers, E. B. Treat & Co. New York, 1905. \$1.50.

This is Part VII of Von Noorden's Treatise on the Pathology and Therapy of the Disorders of Metabolism and Nutrition. Our readers who have read our reviews of the preceding volumes will know by this time the eniment value of the author's labors in this field of his successful choice. The lucidity of this treatise on the Pathological Chemistry

and Treatment of Diabetes Mellitus is admirable. His statements of past and present theories regarding this much studied and yet not fully known disease, are an invaluable service to the profession.

**ZAHORSKY'S BABY INCUBATORS.**

Baby Incubators. A clinical study of the premature infant with special reference to Incubator Institutions conducted for show purposes (at the Louisiana Purchase Exposition) by John Zahorsky, A. B., M. D. Published by The Courier of Medicine Co., St. Louis, Mo. 1905. \$1.00.

This is a valuable monograph, one to be thankful for. It can be read with interest and profit by any physician.

**BUSCH'S PHYSIOLOGY.**

Laboratory Manual of Physiology by F. C. Busch, B. L., M. D., of the University of Buffalo. Publishers, William Wood & Co. New York. 1905. \$1.25.

This book will be a great help for the student who, among his other pressing studies, is unwilling to forget the ocular teaching he receives in experimental physiology. Of course the book is best adapted to Dr. Busch's lectures and demonstrations, but any other demonstrating teacher of physiology may accommodate his teaching to this book for his own and his pupils' benefit.

**WHARTON'S MINOR SURGERY.**

Minor and Operative Surgery, including Bandaging, by H. R. Wharton, M. D., Professor in the Woman's Medi-

Lecithin renders animals immune toward sublimate; the leucocytes take up enormous doses of lecithin becoming very active.

Becker says artificial hyperleucocytosis by nuclein one of the most powerful and wide-reaching of life-saving measures.—*Ther. Gaz*

cal College of Pennsylvania. Sixth edition, enlarged and thoroughly revised. Lea Brothers & Co. \$3.00.

An excellent and quite sufficient book for the recent graduate who does not intend to make surgery his exclusive specialty. The general practitioner more often invades the surgeon's field than he his field, and thorough preparation for the invasion is but the part of common-sense. Yet it is not the large book always that well prepares, but often it is the short, pithy, and comprehensive book that does. This book is of that kind.

#### HUTCHINSON'S AND RAINY'S CLINICAL METHODS.

Clinical Methods. A guide to the practical study of medicine, by Drs. R. Hutchinson of the London Hospital, and H. Rainy of St. Andrew's University. Ninth Edition. Seventeenth Thousand. Publishers, W. T. Keener & Co., Chicago. 1905. \$1.75.

This book of 621 pages, 4x6 inches, well illustrated, is an excellent *vade mecum* for any physician either of long ago, or recent graduation. The field it covers is extensive, but the book leaves nothing in medicine untouched, and he who refers to it will find what the profession accepts at the present time.

#### LE FEVRE'S PHYSICAL DIAGNOSIS.

Physical Diagnosis, Including Diseases of the Thoracic and Abdominal Organs. A Manual for Students and Physicians, by E. Le Fevre, M. D., of Bellevue Medical College, etc. Second thoroughly revised edition. Publishers, Lea Bros. & Co., Philadelphia and New York, 1905. \$2.25.

Nuclein must be used hypodermically, being decomposed by the gastric juice. Write and tell us if this is your experience.

The book is well illustrated and in the comparatively small compass of 462 pages of about 5x8 inches, not closely printed, contains all that is necessary to know in Medical Diagnosis in order to judge intelligently of the ailment that befalls any organ of the body. Of course it is up to date, and very recommendable.

#### SOME GOOD COMPENDS.

The Medical Epitome series by Lea Bros. & Co., has now "Diseases of the Eye and Ear," by Dr. A. N. Alling and O. A. Griffin. \$1.00.

Saunders' Question Compends have now issued, Essentials of Materia Medica and Therapeutics, by Dr. H. Morris, seventh edition, thoroughly revised and adapted to the 1905 U. S. Pharmacopeia, by Dr. W. A. Bastedo. 1905. \$1.00.

Anatomy in Abstract, by Dr. S. L. McCurdy of West Pennsylvania Medical College, is a vest-pocket book most handy and useful for both student and physician to aid in refreshing the memory in anatomy when something is wanting there. Brief, comprehensive, and admirably grouped. Publishers: Medical Abstract Publishing Co., Pittsburg, Pa. 1905. \$1.00.

A Compend of Medical Chemistry, Inorganic and Organic, including Urinary Analyses, by Dr. H. Leffman, fifth revised edition, is one of Blakiston's Quiz-Compend. In spite of all there is said against this class of helps in acquiring knowledge and against the qualifying word, "medical" here, we regard this volume as well in its place, and the criticism as a purism.

Though a little saline laxative and a few anticonstipation granules are used, 1,000 tons of cascara left Tacoma this year.

# CONDENSED QUERIES ANSWERED

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## ANSWERS TO QUERIES.

**ANSWER TO QUERY 4887:**—Seeing an inquiry in the December issue for the formula of the glycerinized paste, I enclose the following, clipped from the *Medical World*, which obtained its information from the new dispensatory: Kaolin, in very fine powder, 577 grs.; boric acid, in very fine powder, 45 grs.; thymol, 0.5 grs.; methyl salicylate, 2.0 grs.; oil peppermint, 0.5.; glycerin, 375 grs. Heat the kaolin in a suitable vessel to 212° F., with occasional stirring for one hour, mix it intimately with the boric acid and then incorporate the mixture thoroughly with the glycerin; finally add the thymol which has been dissolved in the methyl salicylate and the oil of peppermint and make a homogenous mass. Keep in an air-tight container.

J. E. THOMPSON, Bristolville, Ohio.

**REPORT ON QUERY: "Rheumatism."**  
I followed your advice and gave calcalith. It would do you good to see the soreness and swelling disappear from day to day. The patient has had the treatment only two weeks, and is far from well; but the case looks very encouraging now.

E. S. W., Michigan.

We are surprised. We have seen case after case yield to this remedy—with proper eliminative and antiseptic adjuvants—and are sure it will prove effective in most cases. Consider the cause of rheumatism and the action of calcium carbonate, and the effects obtained from the latter will be seen to be a natural sequence. Don't forget salithia with it. And the sulphocarbates.—Ed.

## QUERIES

**QUERY 4925:**—"Age Three; weight 24 lbs." "Cirrhosis of Liver?" Some eight weeks ago, or more, I wrote you of my granddaughter who was having peculiar attacks that made me fear epilepsy. Your suggestion was acted on and the attacks have ceased. She has gone home to Denver and is well. Now, this same baby is as bright as a diamond and real strong, but she only weighs 24 lbs.; she will be three years old in October next. Is this a good case for nuclein?

Then I have another case I want help in. Patient is seventy years old, carpenter—stairbuilder. About three weeks ago "stomach went back on him," appetite failed and he began to get yellow. One week ago he vomited every time

he took water, even. He is very yellow all over, but has never had any pain, no headache. His bowels do not move only as injections are given him, and then only the solution thrown in. Liver is not enlarged to any extent, but is somewhat solid, but does not hurt him to rub or manipulate it. In fact, there is no sore spot that I can find. His pulse is 66 and his temperature is 97.1-7° F. I saw him first two days ago. I am feeding cautiously with broths and he is retaining it and seems better this morning. I put him on chionia (he does not want to take minerals) yesterday morning and he has taken it right along.

His grandfather and his father, and I think some other member of the fam-

ily had cancer. If a large gallstone was blocking up the gall-duct without getting into the lumen, would there be pain? If such is the case, would sodium succinate or anything else dissolve it or would operation be the only alternative?

J. M. T., Iowa.

Glad to hear your granddaughter is better—or well. Give her calcium lactophos., nuclein and a good blood preparation with small doses of brucine. Diet with care.

That man is in a precarious condition and it is hard for us to tell just what you should do without fuller information. This does not look like "gallstones" but hepatic activity is *nil*. Give him, to re-establish function, small doses of calomel or blue mass and add to each dose leptandrin gr. 1-6 and podophyllin gr. 1-67. After six doses follow with a full dose of sodium phosphate and then give a saline daily. Repeat the calomel, etc., on the second day. Sodium salicylate and ammon. chlor. will give good results if there is catarrh of ducts. Euonymin one, hydrastin one, and bilein one every four hours might also be tried. Give high enemas daily. The history should guide you: this may be the end of a long course of hepatic disease. How about the urine? Is there formication? Are conjunctivæ stained—and tongue? If you "get things going" the right way, push chionanthin hard and give acids freely.—Ed.

QUERY 4926:—"Enuresis Nocturna." "Eczema." 1. Boy, age 11, active and otherwise apparently healthy. Has had since infancy, a persistent case of nocturnal enuresis. Seldom misses a night and seems to pass a copious amount. He came to my hands after unsuccessful

treatment by at least four other physicians. Two of my prescriptions were unavailing, so I circumcised him, finding a mild degree of phimosis with very long prepuce. In the next ten days he wet the bed but once, but now that healing is complete, the trouble has returned. The urine is normal in appearance and reaction. Have used catheters, cantharis, equisetum and atropine.

2. Facial eczema; woman of 45, of four or five years' standing. Appeared as red spot on left cheek. Becomes red and papular at times, itches and burns. Palpation shows feeling of small shot under the skin. Appears to improve and then relapses, but with no well-marked periodicity. Patient still menstruates. Married fourteen years, but no children. Eliminative functions apparently normal. Has tried all sorts of treatment with no success. X-ray treatment aggravated, perhaps due to unskilful application. Suggestions will be appreciated.

A. H. N., Michigan.

As the boy did not wet the bed while the prepuce was healing, it seems that counterirritation avails: are you sure that the frenum does not need dividing, or did you divide it at operation? Try (if there are no reflex causes) this R: Rhus tox., one; atropine valerianate, gr. 1-1000; sp. tr. thuja, gtt. 3 to 5 every four hours. One hour before going to bed you may give scutellarin three, cypripedin two, if the child is of a nervous temperament. This formula has cured nine cases out of ten for the writer. In old cases it is necessary to add cantharidin, gr. 1-1000 to every other dose—always to the last one. There are cases in which ergotin and strychnine (one granule each) morning, noon and night, stop the trouble in a few days. There are also cases which benefit by iron arsenate; these are usually strumous and generally

A great error in therapeutics, the use of vasodilators in later stages of circulatory disease; they do no good.—Bishop, *Med. Record*.

Another error in heart disease is in overestimating the importance of the usual kidney applications.—Bishop, *Med Record*.

relaxed specimens. The urine should be examined as diabetes may exist; hyperacidity or other abnormality of the urine may need correction. Think, too, of lumbricoides. Kava-kava and eupatorin have both undoubtedly cured cases of obscure origin, where there was general weakness and "nervous" disposition. The thing is to treat the *patient*—not the enuresis.

That case of eczema will yield to this treatment we think: calomel and iridin gr. 1-6 hourly for four doses every other night for one week and saline next morning. Rest a week and repeat. Between meals aluin two, xanthoxilin two, chimaphilin two. Give other hepatic stimulants and digestive tonics when indicated. Bathe the part (if skin is not broken to a great extent) with this lotion—carbolic acid dr. 2; glycerin oz. 1, lotio nigra pint 1. Dust with dolomol ichthyol. In nearly all cases this ointment will *cure*: ichthyol dr. 1, resorcin dr. 1, simple cerate to oz. 2. If scales form, wash with tr. green soap. Since above was penned the extreme efficacy of carbenzol has been proven. Try it, Doctor. It beats ichthyol even.—Ed.

QUERY 4927:—"Nuclein and Calcium Iodized." Can nuclein and calx iodata be made into a solution to give at the same time?

C. L. L., Missouri.

These two remedies could be combined in a solution, but we prefer to give the nuclein alone and allow it to be absorbed from the buccal mucosa. You would always get better results from the nuclein administered in this way. Do not allow solutions of calcium

iodized to remain long in bottle; make fresh at least daily. Remember, Doctor, that calx iodata is a remedy to be used constantly (every hour or two); nuclein seldom is given more often than *three* times a day—*usually* twice.—Ed.

QUERY 4928:—"Torticollis." A girl, aged 20, has three times had an intensely painful stiff neck, drawing her chin to the sternum. Her family is rheumatic, but remedies for this do not touch the case; nor do liniments or electricity. The tenderness extends on both sides over the scapulæ and over the mastoids.

L. H. J., Pennsylvania.

The spasm of the sterno-cleido-mastoids may be myalgic, or dependent on disease of some underlying tissues, to be ascertained by examination. If the former, you will get relief from ammonium chloride, a scruple every eight hours for six doses; or from gelseminine pushed to eye-droop. Macroton is a good remedy here in the absence of plainer indications.

QUERY 4929:—"Nuclein." Is nuclein as well given in tablet form as in solution? Does it deteriorate in the tablet? Some time ago I gave a dose hypodermically and high fever followed. I have not thus administered it since.

E. S. W., Michigan.

There is no difference between nuclein in solution and in tablets. It does not deteriorate in either form. The fever could not have been directly due to the nuclein, since it has been thus administered many thousands of times without fever following. But some patients will have fever after a pinstick. There is some question as to nuclein acting through the stomach, some holding that the gastric juice digests nuclein.

Another error in advanced heart disease is underestimating the general sluggishness and need of increased dosage.—Bishop, *Med. Rec.*

Rheumatism, like other things, covers a multitude of things; not the least of these is the ill-assorted group of the neuritides.

The acid gastric juice is only present in the stomach during acid digestion, and if nuclein is given before meals or three hours after them, it is safe. We often drop it on the tongue to have it absorbed from the mouth. If you use it by hypo you are sure.—Ed.

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**QUERY 4930:—"Quincke's Disease."** Man, twenty-four, works in iron foundry. A month ago he came to me with a hard, indurated swelling a little to the right of the median line over the frontal region. He is in perfect health and of good habits. Kidneys and bowels regular. The condition came on suddenly, inside of an hour, commencing with burning, pain and itching. The swelling was so great as to cause almost complete ptosis of the right eye and considerable edema of the right temple and over the cheek-bone. I gave him calomel, followed by salines and strychnine arsenate; locally, I gave him an ointment made from the green echinacea and hot applications. In a few days it was well. Yesterday it returned as badly as ever, and I found a raw, inflamed mucous membrane in the right nostril, for which I gave him a hot saline wash and alboline with thymol, eucalyptol, sodium biborate and chloride. What is it?

H. J., Pennsylvania.

It strikes us very forcibly that there is an infective process here, the primary site being the denuded and inflamed area in the nostril. It is possible that this is a variety of urticaria, known as Quincke's disease, an acute circumscribed edema "often affecting the orbital tissue." In all these forms itching is usually absent, but there may be smarting or burning. The exact cause is not known, but is undoubtedly toxic. In most cases there is constitutional taint and a course of eliminants and tonic-al-

teratives is speedily effective. Most reports on this malady show it to be accompanied by defective renal elimination or by gastrointestinal disease with auto-intoxication. The clean out and disinfect principle is applicable. There is enough similarity to herpes zoster to make it wise to try zinc phosphide gr. 1-6 four times a day. Wet salt has proved a useful local remedy. A full dose of pilocarpine hypo has done well. Collect and examine urine for total solids, and if defective give boldine and caffeine valerianate enough to do the work. Podophyllotoxin at bedtime, gr. 1-12, followed by saline in the morning, would be a good beginning.—Ed.

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**QUERY 4931:—"Hip-disease."** Would the x-ray show an early involvement (in the very beginning, say some two or three months' duration or shorter) of tubercular hip joint disease, in a child some four or five months old? Could a diagnosis be made by the x-ray? I have a case that has the other symptoms, but the x-ray shows negative.

S. D. S., Minnesota.

It is impossible to make a diagnosis of tubercular hip-joint disease with the x-ray in a patient so young, for the principal reason that in a patient of this age the joint would be somewhat separated, and although normal for the child would be just such appearance as would indicate tubercular lesion in an older patient.—Ed.

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**QUERY 4932:—"Spider Bite."** Man, aged 18, sat down to breakfast perfectly well; at 8 a. m. he began to feel weak, the left arm and forearm especially; fingers numb, with pain in the forehead and under each eye. Three little sore spots appeared on the forehead. He

There is so much rubbish to be found in even our largest and most highly revered works on dietetics.—Jelliffe, *Merck's Archives*.

Any subterfuge is justifiable that delays chronic neurotics or neuralgics learning the power of opium.—Jelliffe, *Merck's Arch*.

grew worse until 9 a. m., and then became a little better, but had a similar attack at 10 a. m., after which he improved, being almost well by night.

F. P., California.

The physician who sent us this query diagnose the case as the bite of a spider. We are not personally familiar with the California spider and the results of his pernicious activity, hence very gladly shield our ignorance of the matter by accepting the diagnosis of our better-informed colleague. We would like to know, however, whether the new remedy for venoms of every description, echinacea, was tried in this case, or whether the doctor resorted to the panacea of our boyhood—black mud.—Ed.

QUERY 4933:—"Abdominal Pain." Man, age 46, carpenter, of a consumptive family, but with no symptom of tuberculosis, has for fourteen years suffered with a dull, steady pain at first in the epigastrium and chest, but for the last six years from side to side across the umbilicus. Only when sitting it may affect the epigastrium. Patient is of apparent good habits, sober, no user of coffee or tobacco. The pain is constant, dull, and unaffected by weather, meals or work. No particular sensitiveness to deep palpation. Urine normal, heart normal. There may be dyspepsia and a tendency to insomnia. For two or three days a month he may have a bad headache. I can find no indication of liver trouble of any kind.

I shall be delighted to have you give me your diagnosis with suggestion of treatment.

L. P. S., Minnesota.

The length of time cuts out cancer. There may be such long-continued pain from a gallstone, possibly from a foreign body, more likely from a myalgic muscle. Apply faradism and see if contrac-

tion of any muscle arouses acuter pain. Neither appendicitis, aneurism, caries of the spine, ulcer, abscess, tumor of any sort we now recall, impacted fecal masses, hernia, displacement of any organ, would stand still for this period—unless the last-named. Myalgia due to straining some muscle during his work seems the most likely guess.—Ed.

QUERY 4934:—"Acidity." Woman; age forty-four; just passed menopause. She seems in good health in every way except her stomach. Everything she eats or drinks immediately "sours on her stomach" with intense burning. The only thing she has eaten with any satisfaction for four months is bread, sweet milk and grape nuts. No sickness at stomach, no vomiting, no spitting up of food, no tenderness to amount to anything. Bowels costive, tongue moderately clean, some white fur. Treatment: calomel in small, repeated doses followed by saline, hydrochloric acid, nitromuriatic acid, bicarbonate of potassium before eating and bicarbonate of soda after; carbonate of magnesium, bismuth and pepsin, strychnine, nux vomica (tincture); in fact, everything that I myself and four other M. D.'s could suggest, all to no purpose. She can eat no fruits of any kind, anything that has any acid about it will sour in one minute.

Now, Doctor, consider this case and write me, making any suggestions as to how we will get rid of this acid.

J. C. W., West Virginia.

Acidity is by no means a simple and easily-remedied affection. If it be due to constipation this must be remedied; if to eating too much or too strong food, the cure demands a change of the habits not easy to secure. To relieve acidity at once there are two effective remedies at our disposal—calx iodata two grains

Crede has given us a reliable weapon against septic processes by introducing soluble metallic silver in therapy.—Bjorkmann.

The heart is nourished during diastole; prolong this even a little and we gain considerable in the 24 hours.—Lambert.



in hot water; and a compound manganese tablet containing also cerium oxalate, bismuth salicylate, sodium carbonate, one of those unscientific shotgun things that does the work so well that we have to use it till the science of therapeutics has progressed far enough for us to select the one remedy for each case. To cure the disease, restrict the diet closely; give a pint of hot water with 20 grains sodium bicarbonate an hour before each meal, and half an hour later, when the stomach surface is clean and the mucus dissolved and absorbed, half a grain of silver oxide to medicate this surface. Just before eating give a grain of papayotin to better start digestion, and a grain of juglandin to stimulate the secretion of normal digestive fluids. After a week you must drop the silver and substitute the oxide of zinc, one-grain doses—silver produces argyria in time. As to the diet, at first use soured meats as they are so quickly digested; also raw beef, eggs and oysters. Later the cured meats do well because they lie long in the stomach without digestion—and decomposition does not occur. The digestion is weak here because it is not hydrochloric acid that is present but decomposition products—lactic, oxalic, butyric, etc. Finally, take the case for not less than six months; else she will quit as soon as better and never get well.—Ed.

QUERY 4935:—"Acute Gastric Pain." I would like a line from you regarding my wife: Nine days ago, after eating a very simple meal she was taken suddenly with most intense pain in the stomach, which nothing would relieve until I gave half a grain of morphine hypodermically, and even then was compelled

to let her inhale chloroform until she got the effect of the morphine. She has suffered a few attacks during her life of indigestion (possibly three), and there was quite persistent pain for a few hours. Her age is fifty-two and she still menstruates regularly, though with no disturbance for past three months. Have had her on a restricted diet, i. e., malted milk, using a cup of hot water and copper arsenite in 1-200 gr. doses before the milk. The stomach continues bad (i. e., sore) and refuses to take care of even the malted milk. Am seven miles from any other doctor and the only one whom would like to talk with is in the West on a vacation. So I appeal to you to help me out.

W. H. M., Indiana.

These "acute indigestions" are generally due to gallstones; in which case there should be traces at least of bile demonstrable in the urine. Sometimes such attacks are due to the development of a large quantity of acid in the stomach, and subside when a teaspoonful of soda is given in a glass of hot water. At others there is an overloaded stomach that is best quieted by a grain of emetine in warm water; or a seidlitz powder given in alternation. If distinctly spasmodic the attack may be promptly stopped by one of the chlorodyne granules (morphine, cannabis, hyoscyamine, capsicin, menthol and glonoin), or the powerful antispasmodic combination of glonoin, hyoscyamine and strychnine arsenate. Either may be given repeatedly till the dry mouth indicates full hyoscyamine effect; if relief has not then ensued, finish with a few whiffs of chloroform, or 30 drops by the stomach. All carminatives relieve gastric cramps—none better than menthol, a tablet every two minutes. The stomach should then be examined and

To quiet rheumatic heart, sparteine, gr. 1-2, and opium 1-4 has proved my best combination; digitalis unsafe.—Lambert.

Keep rheumatics in bed till the temperature reaches normal; its continuance betokens inflammation somewhere.—Lambert.

treated—how, depends on the condition found.—Ed.

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 QUERY 4936:—"Arteriosclerosis." Can you recommend me a treatment for arteriosclerosis that will not cost over fifty cents?

H. P. T., Virginia.

Arteriosclerosis is a condition which calls for prolonged treatment usually extending over months or even years. For us to recommend any remedy which would be beneficial (and at the same time not exceed fifty cents in cost) would be impossible. If you will describe the case you have to deal with, giving the age, physical condition, etc., we will outline a course of treatment which will, we hope, prove beneficial. Pay especial attention to the heart sounds and action; if there is hypertrophy, so state; if valvular disease, let us know it; functional conditions are also of importance, renal and intestinal elimination, action of skin, digestion, habits, etc.—Ed.

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 QUERY 4937:—"Aphrodisiacs." I want the very best aphrodisiac you can suggest. Patients will pay anything for a reliable one. I have tried tincture of phosphorus, damiana, nux vomica, etc., in fact, everything I thought would help, and nothing has given the desired results. I have used sounds, irrigators, tonics, etc. You know! I want what will make all men except dead ones 'feel.'

F. B., Mississippi.

We have different ideas as regards aphrodisiacs seemingly. To take men as a whole and administer to Jack, Tom and Harry a combination of drugs (or a single drug) with the idea of stimulating both the sexual desire and the sexual capacity is absurd! In the first place

men are not equal in their physical forces. One man has an intense sexual nature and a very poor corporal capacity. To make his body work according to his mental activity would kill him in three months. Another man has drawn upon the sexual bank from the very first deposit at the rate of two dollars for every ten cents deposited; as a result he finds himself bankrupt at thirty, forty or forty-five and, with all the drugs in the world, we cannot possibly make him sexually solvent. We can, of course, stimulate the sexual centers (causing irritation and excitement temporarily) but the last state of that man will be infinitely worse than the first; in three months he will have used up his remaining virility and be totally impotent for the rest of his life! You would not realize, unless you were constantly here, the immense amount of correspondence we have on this subject and you cannot even imagine the amount of research work we have done along this line. After a fair and exhaustive trial of all the alleged "aphrodisiacs" we have come to the conclusion that nine out of ten of them are totally inert and the rest injurious when active at all—that is, as "aphrodisiacs" pure and simple. If you deem it right to improve a man's sexual capacity you must study the man and find out where the weakness lies; perhaps the case is psychologic and a few words of advice and suggestion will do a great deal. Perhaps there is debility and this is usually the case. Now, build your man up generally and the sexual function will improve as the man improves. If, however, there is disease or *true* sexual exhaustion very little can be done for that

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Giving *strophanthus* and *digitalis* we get double action on the heart and single on the arteries, minimum vascular tension.—Lambert.

Small doses long continued are vastly better than overwhelming doses for short periods, for the heart.—Lambert, *Merck's Arch.*

individual, and such capacity as may remain must be conserved and used as one would use water in a desert—not squandered under “*stimulative*” impulses.

Let us point out the necessity for examining each case and locating the main difficulty. Tying the dorsal vein, relieving a hypersensitive posterior urethra, etc., etc., will often prove of more real benefit than all the aphrodisiacs on the face of the earth.

The moral question comes first. Ought the man to have his sexual vigor increased? The doctor who aids in enabling worn-out rouses to continue their debaucheries or old men to exhaust their remaining vitality and shorten their lives degrades his profession. But if the demand be legitimate, study the case; distinguish between sterility and impotence; between failure of desire, of erectile power, and of secretion; whether the difficulty lies in the psychic or the somatic domain; whether it is temporary and removable or permanent and irremediable; and then first we may consider our resources. The man who treats such cases by a single drug or prescription will make a few hits and a great many misses. If you are going to treat these cases, get the best works on the subject and prepare to do it right.—Ed.

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 QUERY 4938:—“Bowel Obstructed by Salol.” I have on hand a case of enteritis, complicating pertussis. The patient (age three years) became very tympanitic, which alarmed the parents. Consultation was called, and the other doctor prescribed salol, gr. v, every three hours; later the patient passed the specimen which I send you. I prefer the sulphocarbolates to salol. I judge from

results that there is a possibility of producing obstruction by giving salol. Please analyze and report to me what it is. I believe it is salol, impacted in the bowel.

W. D. E., Pennsylvania.

The specimen was found to consist of salol almost entirely. This is one of our objections to salol, which is otherwise a popular and effective intestinal antiseptic. Another objection is that salol if administered in large doses will give rise to hemoglobinuria, breaking up the blood cells. When intestinal atony is marked and absorption at the minimum, salol may easily become impacted in the bowel. These disadvantages outweigh the pleasanter taste of salol as compared with the sulphocarbolates, which are unapproachable on the score of efficiency and safety.—Ed.

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 QUERY 4939:—“Caries of Cervical Vertebrae.” W. C., eighteen months old, family history negative except tuberculosis in uncle (who lived in same house some time with baby). After the age of six months baby has always been sickly, has had frequent attacks of cold (bronchitis), intestinal troubles and stomach indigestion; “bottle fed.”

Present trouble began while I was in Chicago and baby was under the care of another doctor. The family say the baby was taken ill with pain in back, would wake up every hour or two and cry with pain for an hour or two, had a temperature of 102, and evidence of bronchitis and coryza.

Present condition: Baby carries head forward with chin towards sternum, muscular spasm of neck prevents rotation of head, walks with careful, stooped position, with shoulders up, will stand with head against bed, or likes to lean with head resting on shoulder of mother. His favorite position is lying with breast across shoulder of mother. Falling on

In general we must regulate the patient's exertions—the patient's environment—more than nag the heart with drugs.—Lambert.

Small doses of KI seem to sometimes delay the progress of arteriosclerosis.—Lambert. Not in it with arsenic iodide.—Ed.

buttocks or sitting down sharply causes great pain. Has almost no use of right shoulder and but little use of right elbow and hand. There is no sharp deformity of vertebra, but the spasm of muscles of neck and the forward position of head are marked.

I have diagnosed this as spinal caries of the 4th, 5th or 6th cervical vertebra. There is some tenderness over this region, also pain on attempting to forcibly rotate head.

Treatment consists of hygiene and careful feeding, with cod-liver oil, rest in bed as much as possible.

The baby's condition is better, but the paralysis continues and there seems to be a slight elasticity of right arm. Have ordered a Sayer's jury mast to be worn with cast. Now, what more can I do? What prognosis shall I give the parents? The baby is well nourished but very peevish. Trouble began six weeks ago.

F. A. L., Montana.

We fear that you are correct in your diagnosis; the peculiar appearance of torticollis being practically diagnostic. Usually larger children will not walk or stand if they can help it, and cry when pressure is made over spinous processes of the diseased vertebrae. Any disturbance of deglutition? Kyphosis develops in these cases very gradually and the lateral curvature may also be tardy in making its appearance. Does this child start from sleep with a cry, or show signs of "girdle pain" and distress in penis? Of course *rheumatic arthritis* of the articulations of vertebrae has to be excluded: Sheffield says: "In this disease the pain sets in suddenly with fever (note this), is generally unilateral, leads to sloping of the body and finally is located at the level of the articular processes, but not in the spinous processes." If a child with spondylitis

be placed upon his abdomen, its legs grasped with one hand and gently elevated, the whole body rises. If the same manipulation is carried out in rachitis the trunk remains stationary while the pelvis ascends. The prognosis is not good. You must attend to hygiene, exhibit tonics (iron arsenate, calcium lactophosphate, a good cod-liver oil, brucine, nuclein, etc.). See that lime-bearing foods are given and look carefully to digestion, elimination, circulation, etc. Suspension (Sayer's jacket) is of benefit often. Phelps' extension bed is also to be recommended. After several weeks a supporting corset may be substituted. Metastatic abscesses will usually disappear with improvement: if they do not, puncture and inject 30 grams of iodoform-glycerin solution (1 to 15).—Ed.

QUERY 4940: — "Chronic Abscess: Asthma Autotoxemia." I have a case of a female who has "been the rounds of the doctors" and last fall fell to my lot to treat. She is 50 years old, mother of several children, suffers from some pulmonary trouble (abscess, I think), and has spells of "asthma" at times, with extreme nervousness, losing a good deal of sleep from it. She is now bedridden, weak, very thin, circulation bad. Her bowels are constipated and appetite bad. It looks like one of those complicated cases which we often meet in the opposite sex. Several doctors have pronounced her case one of tuberculosis, but have never benefited her. I am inclined to think she has a chronic abscess of the lungs. I put her on nuclein and the arsenates, with hyoscyamine for nervousness and she improved wonderfully, got so she could attend in a way to her domestic duties, when last September she left off treatment and has relapsed into her former condition. Now, Doctor, with this

By reducing excessive vascular pressure we relieve heart strain and renal incompetence; glonoin, aconite.—Lambert.

At any age an intermittent or irregular heart is amenable to treatment and may be cured; rarely dilatation after midlife.—Balfour.

imperfect description of case I want you to prescribe for her.

A. M. S., Georgia.

Until we have the desired data all we can advise is on general principles. Any hemic impurity may cause asthmatic paroxysms or continuous dyspnea; therefore, empty her bowels, make and keep them aseptic, so regulate the diet as to render uricacidemia impossible, and attend to any other obvious causes of nervous irritation or toxemia. One of our colleagues has had excellent results from this routine. He gives iodoform as a soothing expectorant and to affect the nutrition of the respiratory tract, stimulating the absorbents and sedating irritability; helenin as a tonic-stimulant to the respiratory parenchyma; nuclein to reinforce the leucocytes and combat any microbic invasion; the arsenates of iron, quinine and strychnine as general tonics and hematics, increasing the hemoglobin, raising the general vitality and the tonic resistance of the tissues, and restraining the tendency to periodic returns of the dyspneal paroxysms; calx iodata to combat the catarrhal and exudative tendencies; calx sulphurata to destroy all germs and stop suppurative action; hepatic alteratives and eliminants as may seem indicated; quassin, brucine or hydrastine before meals to aid stomach digestion; nutritious diet with little waste. This may seem like a whole lot of medicines to be giving, but you must recollect that the physician is expected to select those he deems appropriate to the conditions present, not to use all at once.—Ed.

night, usually in the early hours of morning. Sometimes cramps so severe she is compelled to get out and rub legs and stand on them to get relief. She has fairly good health other ways. She takes cold easily and then she has cold night sweats, all over body. She also has at times a pain in the fourth toe; the toe next to little toe of right foot. Pains extend up the limb, and she oftens complains of the pain extending all over the body. Family history negative; mother of seven children. She seems to be in good health, sleeps well, eats well, and does not complain of anything except the trouble mentioned above.

E. M. C., West Virginia.

These cramps in old people are usually due to retention of uric acid (are "rheumatic" in character) but they may be due also to muscular atrophy, diabetes (frequent), constipation (pressure), etc. Gout also must be considered. In this case carefully note condition of heart, vessels, reflexes and muscles; note character of stools and palpate liver. Send us a four-ounce specimen of urine taken from the twenty-four-hour output (stating amount passed), and give us any other data which may bear upon the case. The toe-ache may signify coming gangrene. In the meantime we would suggest elimination (small doses of calomel and podophyllin) with saline later; macroton, bryonin and calx iodata every four hours, and massage of limbs after bathing with a hot solution of epsom salt (one ounce to the pint). Have flannel worn on limbs at night. Diet with care, and have two dosimetric trinity taken on arising and retiring.—Ed.

QUERY 4941:—"Cramps". Woman, age sixty-four, has cramps in legs at

QUERY 4942:—"Croup." I have been using some of the alkaloids and have

Acute Insanity: Intestinal fermentation must be lessened by antiseptics; salol and zinc sulphocarbolate among the best.—Brower.

Acute Insanity: Colonic impaction is common and is frequently overlooked; aloes and flushing early often alter whole aspect.

had some good results from them. I have had poor success in croup with calcidin. Why is it?

J. I. L., Oklahoma.

We regret deeply to hear of your failure with calx iodata in croup. May we earnestly, and with all due respect, urge you to look over your *technique* in this case and carefully reconsider the diagnosis? Were calcidin not so uniformly accepted as the remedy *par excellence* in croup, we should not make a request of this kind; but when we tell you that thousands of physicians write us that they are curing practically every case of croup, and when we find among them the most conservative men in the profession we know that our own experience and that of our immediate associates is not a peculiar one. Calx iodata will not cure diphtheria; it will not cure laryngismus stridulus (though it is a very useful adjunct in the treatment of this disease) but it *will* cure—or very promptly alleviate—the symptoms of croup. We would urge you to carefully peruse the literature upon this preparation. Reconsider all the circumstances connected with your cases; and then, in the light of the experience of thousands of others, try again (being sure that the “calcium iodized” you are using is true and active), giving it in full dosage, at frequent intervals, in the manner suggested, together with such adjuvants as may be necessary in the particular case under treatment. Do not forget this point: While calx iodata is the one great remedial agent in croup, other remedies may be called for. A prompt emetic, intubation or even a tracheotomy may be imperatively demanded in cases which are

seen late. Always, too, remember the potency of steam inhalations and moist heat applied locally. Finally, do not rely upon calx iodata in cases purely diphtheritic, where calx sulphurata to hurried saturation is the remedy.—Ed.

QUERY 4943:—“Dermatitis.” A girl of five, four weeks ago had a croupy cough for which I prescribed calcidin gr. 1-3, every hour or two; was cured nicely with it, but about one week ago an acute skin disease developed over the whole body from head to foot, the skin raised and could be peeled off, mostly from hands and feet. From the hands it has been cut off two times already. The whole skin of the body is very dry. Her face is bloated, cannot close the eyes as the eyelids seem too small, and will not cover the ball of the eye. Her appetite is good, bowels regular, but her urine smells very strong at times and is scanty. She is a great lover of meats, which I have forbidden to a certain extent. I put her on calcium sulphide gr. 1-6 from four to six times a day, and apocynum two drops four times a day. I anoint the body with some bland ointment simply to keep the skin softer. A year ago she was troubled the same way but not so bad, also after giving calcidin for croupy cough. Could calcidin produce such an affection? I was thinking that the whole fault was with the kidneys. Am I right? I wanted to put her on pilocarpine nitr. gr. 1-67 about two or three a day for the dryness. Would it be advisable?

C. B., Wisconsin.

One of the CLINIC staff explains the symptoms as an acute autointoxication due to excessive meat-eating and lack of elimination. The writer, however, sees in it one of those rare cases of iodism that sometimes come up, where the patient will react injuriously to doses that

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Acute Insanity: In the excited cases hyoscine hydrobromide is of great value; powerful; use with caution.—Brower, *Merck's Arch.*

Insanity is a profound error in general metabolism which may sometimes be overcome by alteratives.—Brower, *Merck's Arch.*

999 other persons can take with impunity. In this case the reason probably lies in the deficiency of renal elimination, by which the drug is retained in the blood and circulates over and over till toxic effects are produced. The fact that similar symptoms twice followed the use of calx iodata is significant; and the trouble may be a Godsend in directing the attention to a serious renal defect that might have otherwise gone unsuspected. Collect the urine for twenty-four hours and examine it; repeat this weekly for a month; and let us know what light has been thereby shed on the case. Relieve the kidneys by keeping the bowels soluble with sodium sulphate or phosphate; act on the skin mildly with an evening dose of pilocarpine — just enough; and flush the kidneys by throwing into the colon half a pint of warm decinormal saline solution and leaving it there. Don't apply to the skin anything that will interfere with elimination, but free the pores by warm baths and rubbing, repeated daily. Restrict the diet closely as to meat, give plenty of fruit and carbohydrates, and buttermilk as an efficient non-stimulating diuretic.—Ed.

QUERY 4944:—"Dysmenorrhea." Will you kindly give me a helping hand in a case of dysmenorrhea? The woman is twenty years old and has been a sufferer for three years. She began menstruating at the age of thirteen years, was always regular up to the time of her marriage, which was three years ago, her periods coming now every two or three weeks. She suffers intense pain for the first day, almost going into convulsions with cramping, which she says begins in epigastrium and goes downward. The second day she suffers from severe vomiting and says she notices a

little blood in the vomit. She has no fever at this time; bowels are regular, frequent desire to urinate, and urine looks milky; flow is scanty, no clots, sometimes the only discharge is mucous streaked with blood, last time it was blood and lasted four or five days. She was never pregnant. Any help you will give me will be duly appreciated.

R. L. H., Arkansas.

Endometritis is almost surely present, demanding local swabbing with thymol iodide in petrolatum. During the intermenstrual periods subdue the abnormal irritability by giving viburnin for the uterus and cypripedin for the general condition, three granules of each three times a day before meals. Keep the bowels regular with salines, never giving irritants. Two days before the expected menstruation begin with your remedy. If she is anemic and the flow weakens her, give the Buckley formula—which contains hyoscyamine and this tends to check the flow—it fits five-sixths of all cases. If she is plethoric and ought to lose all the blood that appears, give anemoin, cicutine hydrochloride and gelseminine, a granule of each, every four hours; oftener if the pains set in hard. Keep her in bed and warm till the period of stress is past. Two or three periods thus managed, and she will be free—and very possibly pregnant, for there is often a concealed abortion in these dysmenorrheas that occur after marriage—I do not mean a criminal abortion, but an unconscious one.—Ed.

QUERY 4945:—"Dysmenorrhea." A young woman, aged twenty, married two years, no children. Free from menstrual trouble until four months after marriage, though had been regular and all right five years before marriage. Weight

The best of all alteratives is the chloride of gold and sodium; rub up dry with guaiac resin and give before meals.—Brower.

Yellow Fever: Eliminate by skin, bowels, kidneys; absolute starvation, 3 to 5 days except drinking water.—Sexton, J. A. M. A.

prior to marriage, 115 lbs. weight since, 103 lbs. Now suffers a great deal for first twenty-four hours of menstrual period, though freer than for next three days, when she does not suffer. The discharge for first twenty-four hours is normal in color but viscid and inclined to be ropy or pass in strings. Also frequent desire to urinate during the period and at other times for periods of a day or two at a time. No pain or special indication of uterine trouble after first day of period until first day of next period. This patient, I may add, is very anxious for children. Will you kindly give me your advice in this case and prescribe.

J. J. A., Virginia.

The possibility of gonorrheal infection from an old forgotten but uncured clap of the husband's must be recollected in these cases. Otherwise the treatment may be arranged on the lines as described in another case among this month's queries.—Ed.

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 QUERY 4946:—"Ergotin Hypodermically." I want to know whether I can use ergotin granules hypodermically. If so, how shall I prepare them? Dr. Nagel says 40 minims—I may have known how to make a tablet into a minim solution, but if so I have forgotten the proportions. Will you help me out? Another thing, I want to make a solution of permanganate potash, 1 to 240 in water. I have one and two grain tablets.

I am having great success with the alkaloids. Your calcium sulphide alone is worth its weight in gold. I want to cast my vote for the foot-notes. The only objection I have to them is that they are so interesting my attention is drawn away from the subject matter above.

G. T. G., California.

Dr. Nagel states that five parts of ergotin should be dissolved in seven parts each of glycerin and water. This solu-

tion to be filtered. Of this preparation the ordinary dose is from three to twelve minims, but he has often given as high as 45 to 50 minims. (See first column of his article.) This is distinct enough, Doctor, and we think you probably overlooked the paragraph we have quoted. The tablet of ergotin can be used in this connection and in the proportions given. A very simple method which we use is to dissolve the ergotin tablet (grain two) in two drams of water and one of glycerin, giving of this ten to twenty minims or more as the case may demand. Why not use a hypodermic tablet of ergotin (grain 1-10), off hand, dissolved in ten to twenty minims of water? This is the most convenient plan and the solution is freshly made at the time it is wanted.

As regards the solution of permanganate of potassium, this simply means one grain to 240 of water, that is, one 1-grain tablet to four drams of water; approximately, two grains to the ounce. We will keep up the footnotes, as everybody asks us to do so. Whenever you can, Doctor, drop up a few ideas for this part of the CLINIC. We shall appreciate it.—Ed.

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 QUERY 4947:—"Ergotin in Diabetes Have you had any experience with ergot given hypodermically in diabetes mellitus? I find I have a small per cent of sugar in my urine. The specific gravity is 1030. It evidently is the nervous form of the disease I have.

While looking over the homeopathic proving of ergot I recognize a number of characteristic symptoms that I have had for some time. I am anxiously waiting for the number of the CLINIC which is to contain an article by Profes-

Yellow Fever: As the toxin attacks the heart after two days, absolute rest in bed is necessary during depression.—Sexton.

Yellow Fever: Strengthen heart with strychnine hypos; do not let him even turn over in bed; water every hour.—Sexton.



sor Waugh on the rational treatment of diabetes.

F. S. B., New York.

One of the journal staff reports having employed ergotin hypodermically in saccharine diabetes with benefit. The French compound granule designed for the treatment of this malady has proved quite popular. Its application and the argument in its favor made by the French dosimetricians are given in the article by Dr. Waugh in the *CLINIC* for December, 1905. A valuable paper on ergot and its hypodermatic applications appeared in the *CLINIC* for November, 1905, from the pen of Prof. Nagel, of New York.—Ed.

QUERY 4948:—"Epilepsy." A boy, five years old, looks fine, never sick, in fact is robust. In the past year he has had four to eight fits. He will, while eating, drop his food, his arms and hands will jerk, and he makes a noise somewhat like belching; his arms and hands jerk most of the time. It seems the noise is caused by the muscles of the abdomen contracting and forcing gas out of his mouth. He does not bite the tongue; will laugh after the spell is over and says he sees such bright objects. No worms, no wound on head, no phimosis, etc. Well formed, both parents very healthy. Gets up after an attack, plays and feels good, is quite bright, no bowel trouble, in fact looks to be perfectly formed and in fine health only for the spells. Will you please tell me his trouble. Can it be cured and what must be given him?

R. D. B., Oregon.

We fear this is epilepsy. You will just have to go over the reflexes carefully here, palpate for tender areas over abdomen, percuss the spine and have the urine examined. If epileptic, the uric acid will disappear the day before a

spasm. It would be well to keep the urine passed each morning till the day he has a fit; then send that morning's urine (four oz.) and a specimen of that passed immediately after attack. You see the point? As you cannot say when the fit will occur the urine prior to attack cannot be secured unless kept each day till seizure presents. What is the family history here? Any other children? Any nervous taint in parents—lues? Possibly he eats too much, or too rich food. In fact, it is necessary to go carefully over the whole case, body environment and habits, to detect and remove all sources of irritation. For treatment read the first article in this *JOURNAL*.—Ed.

QUERY 4949:—"Ethics." Allow me the privilege of addressing you for advice. The situation is about thus: I do a country practice, have been here three years. About two months ago another physician located about three miles from here and has cut the price of practice to about half what have been the customary charges in this country. What I want to know is how we are to meet this condition? He seems to be making a special pull on his low prices.

Now there are two physicians at a small town six or eight miles from here. They and myself have agreed not to meet the other in consultation or any way professionally. Were we right or not? I am a constant reader of the *CLINIC* and get much useful information from it.

J. E. Y., Arkansas.

The best thing for you and your friends to do is to meet this man and reason with him. See if you cannot make him "come over." Of course the "low price" business will pay for awhile among a certain class of people, but if he is a good man he will raise his prices

Drugs never cure disease directly but by exaggerating or restraining some physiologic function needing it.—Bishop, *Med. Record*.

Strychnine a great standby in circulatory disease because it arouses the nervous system, stimulating all processes.—Bishop, *Med. Rec.*

just as soon as he gets a foothold. If he is a poor man, the low prices won't save him. People will discover him after awhile and leave him alone. A cheap doctor who is a poor doctor is dear at the lowest price. To antagonize him and refuse to meet him in consultation, etc., it seems to us at this distance will not help the situation any. He will just go right on cutting his prices and gobbling your business, and people will say that the reason you do not meet him is because you are "robbers" and *he* is "doing the fair thing," etc. Just go to him one after the other, and have a friendly talk; or do this: Tell him that if he does not come up to the regular price scale, each and every one of you will cut your prices to half of his present rates, and if necessary to a quarter. That will pretty nearly close the matter, especially if you three men control the practice there, as you most certainly should. If this man is a good physician and a gentleman in other ways his cutting of prices was probably his means of introducing himself to the community and was, after all, a fair and sagacious move.—ED.

QUERY 4950:—"Gastritis." Two years ago I was in Chicago attending the Polyclinic, and was at that time attacked with stomach and bowel trouble; and although I have been treated more or less since by different specialists and physicians am still a sufferer. I live (and have since taken sick) on sweet milk, toasted bread, raw eggs, and lean meat broiled. But even upon that diet I suffer considerably from gaseous distention of the bowels (fermentation). My bowels only move when I take an enema and I pass at times quite a good deal of mucus. If I eat anything except the above-mentioned

diet my bowels become loose. Am 6 feet tall, weigh 155 pounds—my normal weight. Have good color but am extremely nervous and worry a great deal. I have treated myself for intestinal indigestion viz: hydrastis, pepsin, hydrochloric acid and have used the intestinal antiseptic tablets but find they disagree with my stomach. I shall appreciate it very much indeed if you will kindly suggest a treatment. Have taken calomel, podophyllin and sodium phos. In giving treatment you will kindly suggest any diet you would think would be beneficial in my case.

J. G. M., Mississippi.

You will never be cured of your trouble until the exact conditions present are ascertained and treated. The question is, how great an extent of the digestive tract is involved? Where does the mucus come from? Is there an insufficiency of gastric or other juices? Is there gastric atony, hyper- or hypochlorhydria? Test meals, lavage and examination of stomach contents at different periods, will enable a well-posted diagnostician to form a clear idea of the difficulties.

Peristalsis may be deficient—probably is. The constipation and catarrhal condition of intestine point towards chronic gastritis. Free HCl is absent and pepsin is diminished. We can only suggest a general treatment which often proves effective, but we would urge you to have a thorough and painstaking man take personal charge of your case, treating you as symptoms demand.

The chief remedy for you is copper arsenite, gr. 1-100 before each meal. This will remove the gastric irritability that interferes with the action of the sulphocarbolates. The routine for gastric catarrh consists of a pint of hot

Digitalis is one of the hardest drugs to handle; effects vary in men; preparations vary as to strength and active principle.—Bishop.

Advanced Heart Disease: Nor must the comfort of supported elbows be forgotten; when dyspnea is intense.—Bishop, *Med. Rec.*

water with a scruple of soda an hour before meals, followed in half an hour with half a grain of silver oxide; then just before eating take a grain each of papayotin to institute digestion and a grain of juglandin to start the secretion of healthy digestive fluids. After a week, drop the silver and take zinc oxide instead in doses of one grain each. If the juglandin should not suffice to regulate the bowels, add euonymin, a grain to each dose; or a sufficiency of saline on rising, taken in hot water. Sometimes a charcoal tablet gives great relief by absorbing gas and really acts on the bowels. Further indications may be furnished by the examination of the gastric contents after the test breakfast.—Ed.

QUERY 4951:—"Jaundice." I have a patient who, I think, has catarrh of the gall bladder. About six or eight months ago weight gradually began to decline, icterus and indigestion appeared but appetite seemed good; notwithstanding emaciation and weakness continues. I have given him several weekly courses of euonymin, podophyllin and calomel gr. 1-6. None of these seemed to produce bilious actions. I also gave soda phosphate, thirty grains in a quarter of a tumbler of hot water, before meals, and nitromuriatic acid after meals. He is still much jaundiced; he has had no colic and but little pain or sourness in hepatic region. Liver does not seem to be enlarged or atrophied, no edema of the eyes, face, hands or feet; had no malaria; urine normal, except shows bile. Patient is forty-seven, no history of syphilis, temperate. Mother died of cancer of womb about ten years ago. Father died of pneumonia when patient was an infant.

P. B. G., Alabama

A careful review makes us suspect

that this is a case of hepatic cancer. There is continuous obstruction to the flow of bile with reabsorption; the steady decline in weight and strength are ominous; the failure of cholagogues increases the gravity of the case. Are the stools acholic? Is there a little fever? Does the patient find ease lying on his face (sign of gastric cancer rather than hepatic)? Flush the colon with cold water and see if it produces bilious stools—a good remedy in obstructive affections not cancer. You might give empirically boldine, gr. 1-67, seven times a day, as it has given great relief in many obscure hepatic cases. A full laboratory examination of the urine may throw some light on the case.—Ed.

QUERY 4952:—"Light Wanted." Ever since 1894 I have tried to get into alkaloidal medication, so called. If you have an adherent who has been one-half so anxious to get into this practice as I have been and is now one of your disciples, you have a *sticker*. I have never come across a copy of THE ALKALOIDAL CLINIC that I have not devoured it. I have studied that 9-vial case a thousand times thinking I'd send for it. Physicians have talked to me enthusiastically upon the subject and displayed their little 9-vial cases with joy, and yet I have never seen the time in these eleven years that I did not poke fun at those little alkaloidists. I have taken cases from them. I have given them all sorts of advantages and surpassed them in the race. I do not claim any superiority in skill or ability. I have wished that I could see as they see, for the smallness of the dose is the most fascinating thing in the practice of medicine. I have tried to learn as others have learned. My old preceptor said to me many years ago: "Young man, you will have to use calomel, for I tell you the diseases that the people have in the country will not

Advanced Heart Disease: The promotion of vitality is the most important element in restoring and maintaining health.—Bishop.

In your Hunter's case put in intestinal antiseptics, zinc and codeine comp. and calomel and leave out the rest.—M. B. Reed.

yield to anything else." I do not use mercury in any of its forms and neither have I in many years, yet I cure syphilis. I break up diseases that have come to me from the hands of other physicians. I have not used aconite in twenty years and yet I break fevers. In some way I have succeeded and I have used but two articles in your little case—calcium sulphide and camphor.

I have read Shaller and am not yet converted. I am almost tempted to cry out "God be merciful to me, a sinner." I am desirous to administer small doses, frequently repeated. If you will kindly send me a full list of your products I promise you I will try them. I want euonymin and the resinoid podophyllin. I have seen Dr. —'s bottle of echinacea he procured from you, and I must say that it is a very nice product.

In relation to Shaller's Guide I am compelled to say that I find nothing convincing in it. I do not like it, to put it bluntly. I have said to my friends, I wish that I could see this matter as Shaller looks at it. Now, I am as anxious to be converted as any man you ever saw, but Shaller will have to go into the subject deeper than he goes in this book to affect such results.

I like the foot-notes in THE ALKALOID-AL CLINIC and for my share in the household of faith, though a probationer, I desire their continuance that I may study more carefully the value of alkalometry.

C. B., Oklahoma.

I do not doubt that you have had your successes—every physician can cite cases where he has scored heavily against possibly better men. Maybe your alkaloidal confreres can do this against you. The writer recollects Senn acknowledging that a student he had called into the arena to diagnose a case had made a hit that had missed the great man. But however good a physician you may be, you will

be a better one for adopting the alkaloids and the alkaloidal methods. You do not have to unlearn anything—just plus the alkaloids. The work you need is the Alkaloidal Textbook. This is the solid meat; pork and beans; cheese; pure proteid matter. You'll have to do the digesting yourself; this book was written for the men who want the whole thing and will take time and trouble to study. The hasty gleaner, the superficial catcher at passing fancies will not worry over it.

The better the doctor, the more brilliant his results, the more necessary that he should be an alkalometrist. The mere fact that a man owns a nine-vial case of alkaloids does not make him a diagnostician. It does not give him the power of intuitively giving the right remedy for the condition present. There are men made into doctors, and there are doctors who were doctors as soon as they became men. "Yea from their birth up they were called to treat the sick." Nothing appears more ghastly to the writer than the attempt of some man who would make an excellent farmer, storekeeper or contractor, to become a doctor. That these men use the alkaloids and follow the alkalometric teaching alone enables them to make a reasonable success, where otherwise they would be the most ghastly failures. The "born doctor"—the man who makes his diagnosis without trouble and by intuition—can walk all around this kind of an alkalometrist, with a glass of water, a teaspoonful of salt and a bottle of coal oil. It is as much of an art to know when to leave a thing alone as when or how to do it, and many men have killed their

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Purulent ophthalmia—never fails: Hydrastine hydrochl., gr. v; morphine, gr. 1-2; dist. water, 1 oz.; 2 drops instilled every 1-2 hour.

Carr reports senile gangrene healing under echinacea internally and locally. The accompanying diabetes also ceased.—*Ther. Dig.*

patients by giving them big doses of dangerous drugs. Alkalometry saves them from that. No man conveys his message to all others.

Dr. Shaller writes as Dr. Shaller feels. That you do not think as he thinks—that we do not think as you think—has nothing to do with alkalometry. We are now writing a text book upon Practice which will fill the needs of many men. In the meantime you should have the Digest, Alkaloidal Therapeutics, and if possible American Alkalometry, and a fair selection of the active-principle granules and allied preparations. Learn to “think in alkaloids.” Master the principles which we have inculcated into so many practitioners and tell us again two years from now, whether you would go back to the use of the galenics.—Ed.

QUERY 4953:—“Menorrhagia.” I have a patient, woman 54 years old, still menstruates regularly, womb large and prolapsed, but no other evidence of being diseased. Flow at times is very profuse. She is weak, poorly nourished and has, I believe, a small ovarian cyst on left side. She is very melancholy and despondent; puffs under the eyes, feet and ankles slightly; urine shows no albumin; complains of “weak spells”, feels that she can’t get her breath during attacks but respiration is not disturbed. Bowels act daily, has never been constipated. Heart-action rapid during nervous attacks but no evidence of organic trouble.

W. A. Z., Ohio.

The remedy here is hydrastinine, gr. 1-12 every four hours until the effects are satisfactory. Much benefit results from checking the flow by proper tamponing; cotton saturated with alum solutions tightly packed into the vagina and removed as seldom as possible. If the

uterus is heavy and soggy, drain it by using glycerin on the cotton. Keep up elimination and especially prevent constipation. When decidedly better employ berberine to contract the uterus and possibly the cyst; while you are restoring the blood and the strength by appropriate tonics and hematics.

Give her nutritious diet of an easily digested character, plenty of fish, meat juices, vegetables, fruit and milk. Have her eschew fats and smoked meats and take but little sugar. A good rub down with salt water twice a week followed by a brisk rub with a rough towel will help this woman a whole lot together with active exercise daily in the open air and suggestion.—Ed.

QUERY 4954:—“Mucous Colitis.” I have a case of mucous or membranous colitis of several years’ duration, that came to me six weeks ago. The case has “been the rounds;” just previous to coming to me had been under the care of a homeopath. Patient female, thirty-six years of age, unmarried. For many years has had chronic constipation. Last spring she had an anal fissure. That has healed. There is a retroverted uterus, very tender. Every day she passes large quantities of a membranous looking substance, sometimes tubular. Pain and tenderness throughout entire course of colon. There is quite often a free discharge of greenish-colored fluid from bowel, which has an offensive odor. This discharge is sometimes very dark and is more free since using saline laxative. Her appetite is very poor, sleeps well. I have given her cod-liver-oil, colonic flushings once daily of solution of silver nitrate. Once daily she takes one tablespoonful of saline laxative. For about two weeks I gave her intestinal antiseptics. Her appetite has improved just a little, but otherwise there has been no

Kemper reports a case of flatulent colic after meals recovering on minute doses of colocyath half-hourly for four hours.—*Med. Coun.*

Used echinacea in serious case of profound sepsis with acute nephritis; the result was certainly marvelous.—*Ther. Digest.*

change. I have read somewhere that olive oil is beneficial in such cases. Is there anything in it?

T. A. H., Illinois.

The point of attack is the retroverted uterus. Replace it and retain it, by wool tampons saturated with glycerin, till the tenderness has subsided; then fit a pessary or add tannin to the glycerin. Flush the colon every second day, giving the compound rhubarb tablets enough to keep the stools soft. It looks more like ulcer of the rectum than simple mucous colitis from the description, in which case the addition of turpentine to the flush will do more healing than will the silver. Meanwhile try to restore healthy alimentary secretions by giving either rhubarb, emetine or juglandin, the latter preferably in doses of a grain before meals. The bowels must be kept free and aseptic. The strength should be supported by suitable diet and tonics—strychnine arsenate seems best here, in full doses. Copper arsenite would probably act as an intestinal antiseptic better than any other; gr. 1-100 before meals. Silver acts well in membranous colitis especially after the bowel has been cleared out so the remedy can come in contact with the diseased surface. We see no reason for the use of olive oil in such cases.—Ed.

QUERY 4955:—"Night Terrors." Boy of nine has appearance of being healthy and seems to be so, but has always had "spells" after going to bed, perhaps half an hour of crying, and scare, jumps up and stands in bed, and, if touched on back near the hips or coccyx, will jump or seem to spring up like it was very painful. This lasts ten to thirty minutes and occurs at irregular intervals, sometimes every night, then he will be free from attacks from one to four or six

months. If asked what hurts him after attack, will say "stomach," but seems unconscious of every one, don't seem to recognize his parents until he begins to get better. Bowels are regular, prepuce is little long but not adherent. He is in school and learns well, above the average child. Has been taken to many doctors who say the fits will wear off or be outgrown. Would like to do something for him and would like to have your advice.

L. B., Missouri.

You will have to make a very careful examination here. Better circumcise promptly and dilate the sphincter ani. It may be that this is a case of "night terror" due to faulty digestion, and the "pain" about coccyx imaginary—or reflex. On the other hand be very suspicious of early spinal disease, and test the reflexes deep and superficial. Mark whether the muscular spasm is *unilateral*—it usually is in brain cases—and look for adenoids, worms, etc. Also make sure that there are no "bad habits." Hysteria must be reckoned with; every motion should be weighed and the child closely watched. Epilepsy must not be lost sight of; just such symptoms as you describe have ushered in the disease, but careful observation of the case will serve to settle the presence or absence of this disease. Look up the teeth; see that no food is eaten within two hours of bedtime; examine urine; see to elimination; remedy any physical abnormality you can detect; use suggestion to its limit, and generally see to it that the child leads a perfectly hygienic and normal life. Test for round (and tape) worm. Temporarily we suggest that the food be light and well selected, that he be given a sponge bath with friction before retiring, and that twice a week his bowel be

Hard recommends echinacea as a cure and preventive of sepsis in puerperal conditions; "third day fever."—*Medical World*.

In moderate nephritis overdoses of chlorides increase weight, edema, albuminuria and hasten uremia.—Miller, *J. A. M. A.*

washed out. A simple digestant (papayotin) may be of service and scutellarin two granules, with juglandin one, may be exhibited an hour before food. If the spine is tender on percussion, paint with iodine. After studying the case further, Doctor, write us again; and if you can give us some more definite clinical data we may be able to make better suggestions.—Ed.

QUERY 4956:—"Pain in Chest." A wood's boss, 37, had influenza 4 years ago; 2 years ago began having pain in the left side between 3d and 4th ribs, radiating to spine, confining him to bed for five days, with no fever. Appetite good, skin dry, pain on pressure at point mentioned, color decidedly waxy, no albumin or sugar in urine, no heart lesion; very nervous, arteries hard; habits good. He has been the rounds; potass. iodide, sodium salts, purgatives, etc. My diagnosis is pleurodynia. When attacked he can not laugh, sneeze or cough without great pain.

E. L. P., Texas.

Such pain may indicate neuralgia, myalgia, angina pectoris, gastralgia, acidity, gallstones, colic, aneurism or other thoracic tumor, pleuritic or pericardiac adhesions, and other possibilities. The waxy color may indicate lymphoma—how about the spleen? Myalgia can be detected by a faradic battery which puts the muscles in contraction when they hurt. The urine may afford a trace of bile, indicating gallstones. This would account for the paroxysmal nature of the pains. Under the obscurity we are not warranted in advising treatment beyond the application of anodyne liniments over the tender spot, and possibly giving asclepidin a grain every two hours as this will relieve the vascular tension

slightly—and possibly the pain. Keep the bowels easy and restrain the appetite, enjoining avoidance of strain and overwork.—Ed.

QUERY 4957:—"Postpartum Medley." Mother, 30, youngest child 3 months, in bed part of the time; temp. 100, pulse 100, abscess forming in right breast with glands of right arm inflamed; tubercular tendency; delirious one night last week; no edema; no cough; heart irregular; much constipation; pain in rectum and bladder when bowels act; uterus presses on rectum; anemic, skin yellowish, stomach tolerant; urine for 24 hours sent.

A. H. E., Pennsylvania.

We have here to deal with a case of subinvolution, constipation and consequent toxemia, expressed locally at the point of least resistance—and local trauma as well—by a forming mammary abscess. Begin with the bowels; unloading by a cholagogue at bedtime, saline in the morning, and these in sufficient doses, repeated till full desirable effect. Contract the uterus by giving ergotin two grains three times a day, for a few days, followed by berberine a grain before meals for the purpose of restoring the strength of the uterine supports, and stimulating the stomach. Meanwhile give enough phytolaccin to stop the mammary abscess—a grain three to six times a day—carefully supporting the organ by suitable strapping. If pus has formed evacuate it at once. But this may be prevented by the above treatment and by quickly saturating with calcium sulphide about gr. 1-6 every hour. While this is done give her a carefully arranged supporting diet, easily digested foods, quite nutritious, not too much fluid as this will painfully increase the mammary

Tuberculosis is termed "the great white plague"; with equal aptness venereal disease may be called the "great black plague."

Antiseptics do not kill typhoid bacteria but kill non-specific bacteria, combat fermentation, stop odor and gas.—Jenkins, J. A. M. A.

hyperemia. Hot salt sponge baths will do good. For the fever keep her quiet in bed, and give the triads—aconitine, digitalin, and strychnine arsenate—enough to prevent waste of tissues. Tonics will be needed later—in fact, the use of lecithin can be commenced as soon as the specific remedies have done their work and may be discontinued. The uterus should be supported and drained by wool tampons saturated with glycerin, renewed night and morning.—Ed.

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 QUERY 4958:—"Rosacea." I am twenty-three years old, blond, very thin skin, a prominent nose, and eight years ago I noticed it was getting red and sore. It got worse for several years until now it seems to have reached a chronic state. The redness is confined to the nose, the rest of my face being almost of a perfect complexion. Under the skin are a multitude of small capillaries which can only be seen when the inflammation has been partially allayed with soothing lotions. There is an oily substance exudes from the pores of the skin on the affected part which seems to help keep it irritated. The nose never itches but it is always more or less sore. I have been using a weak solution of adrenalin chloride which allays the irritation a little but does not remove the redness, and if used too often causes greater inflammation.

My general health is good, bowels and kidneys excellent. I have never used alcohol in any form and have not used tea or coffee for over a year. Have been treated by several physicians but none of them has ever had a case of the kind and the treatment was unsuccessful. Have tried dieting, exercise, ointments, etc., without getting any good results. Kindly suggest a method of treatment.

E. S. S. Iowa.

The condition you describe is not a particularly rare one and can only be

cured by the most careful attention to detail. In some cases it is necessary to tie off some of the vessels. This is a most distinct case of rosacea and if you have any good work on skin diseases you will find the entire subject well covered: Jackson is especially clear. Crocker goes into details even more fully. The oily seborrhea and telangiectasis are especially characteristic of the disease in the second stage. It is a vasomotor reflex neurosis: Schwimmer calls it a trophoneurosis, Unna a seborrheal eczema.

Now as to treatment; every function must be regulated. Take saline every morning, ergotin gr. 1-6, ichthyol 'gtt. five (in capsule) three times a day—preferably just prior to meals. One hour earlier take strychnine arsenate gr. 1-67, juglandin gr. 1-6, alnuin gr. 1-12. Ichthalbin may be substituted for ichthyol. If digestion is poor papayotin after food (two). If there is any fermentation in bowel, the sulphocarbolates till stools are odorless. Locally pustules must be destroyed with the curette and acid carbolic.

Vessels obliterated with the electric needle. Then the skin must be removed by degrees (dermatitis); resorcin 10 to 20 per cent in vaselin may be applied till the skin is peeling, then cold cream may be applied till irritation ceases. Hot water at night—very hot and applied for some time. Just as soon as the peeling ceases apply the resorcin again, and so continue till the nose is well. Red patches may be cured by "criss-cross" scarification or multiple punctures.

You may try washing the nose night and morning with hot water and then

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Antiseptics lessen diarrhea and tympanites; they are useful and should be prescribed in typhoid fever.—Jenkins, *J. A. M. A.*

To eliminate falsehood from all advertising would be the best thing that could happen for the honest advertiser.—*The New Idea.*



apply oxide of zinc four grains to the ounce of liq. antisepticus (U. S. P.) or this in the day time and ichthyol and lanum equal parts at night.

If you will take our advice you will have some good local man take the case and treat it stage by stage as may be necessary.—ED.

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 QUERY 4959:—"State Board Examinations." What is the alkalometrist to do when examined? If a state board examiner should ask me the dose of a tincture or fluid extract I could not tell him, but I think I might suggest the active principle and its dose. The only objection I have to them (and the pure Montana air) is that they keep people well too much. The main thing I suppose is to charge them well for curing them quickly?

F. F. A., Montana.

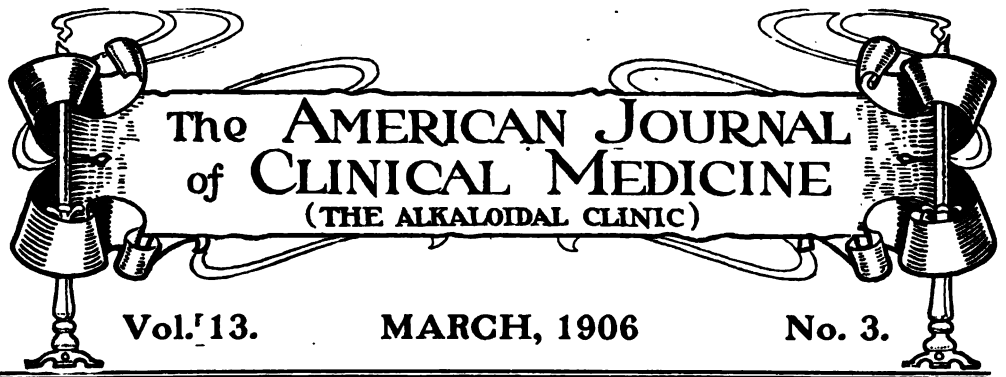
From our position we, perhaps, are better fitted to pass any state board examination than you are, and yet we would have to "read up." Only the recent graduate is exempt from that performance. We *have* to know the dosage of fluid extracts and tinctures, though we never use them (at least only where the active principle of the drug cannot be obtained, then as a rule we use the specific tincture). Bear in mind the dosage of the main galenic preparations always and "keep posted." You are quite right, Doctor, the patient should pay well for being cured quickly and thoroughly. Some day perhaps the doctor will be paid for keeping people well instead of treating them when they are sick. At present the ignorant physician of pleasing presence and plausible manner can keep a patient under treatment for weeks and make a fat living; the patient in the meantime becoming so attached to

the doctor that the daily visit of the latter is looked forward to as *the* event of the day. If the unhappy victim of disease finally goes to the better land, it is the doctor with the empty head but pleasant smile and glib tongue who stands at the bedside and "passes the patient over." The relatives look at each other and say: "what an inestimable privilege it is to have such a charming physician," and we are quite sure that if the dead could only speak they would rise in their coffins and ask to be allowed to die all over again! But that is not "*medicine*," Doctor, and the individual (now deceased) might have been saved to face the cruel and cold world with a few doses of the proper remedy promptly given. The alkalometrist goes along in such cases, diagnosing carefully, dispensing then and there a few little granules, and goes his way without any fuss or flummery. In a few days and after a few such visits,—the patient meanwhile being unable to form a personal attachment for the doctor (from lack of time)—the services of the physician are no longer required. The bill is small and the patient and his friends naturally think that the disease was a very small one, and so the doctor gets no credit; whereas the other fellow would have been boomed abroad and boosted as a "medical marvel," he having kept the sick individual alive for months (just think of it!), by his "marvelous skill!" If people could only know that during that time the patient was slowly but surely dying for want of one intelligent and effective effort on the part of the physician, the verdict would be different. Therefore, Doctor, if you cure quickly, charge properly, and see that you get it.—ED.

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There are no medical reasons for returning to the old (canteen) regime in either army or navy.—Ingles, J. A. M. A.

Bayard Holmes proposes that all medical text-books be burned after they have reached the ripe age of ten years. Authors too?



### EMPIRICISM: GUESSWORK OR FACT.

A VALUED correspondent recently made the remark that the applications of the alkaloids as well as the galenics were empiric. Is this true? To reply to this question we must ask what meaning we apply to the word empiric.

Never mind the dictionaries. The question is not so much with them as with the meaning carried to people in general by the word. The term empiric is always used in a bad sense. Applied to a physician, the idea universally attached to it is that of a quack, a charlatan, a pretender.

Applied to medical practice more particularly, and in accordance with the lexicons, it signifies a practice whose only basis is clinical observation, not reinforced by investigation of the pathology of the disease or the physiologic action of the remedy. It may be plainly expressed by the remark that the empiric seeks "something good for measles," without troubling himself to inquire what there was in the measles to make the medicine useful, what action the medicine exerted to make it useful, or in fact, whether real benefit was exerted by the medicine or whether the recovery was a sequence or a consequence.

In this sense the old practice of medi-

cine has been frankly empiric, with few exceptions. But it is just here that we draw the line between this and active-principle medication. Concerning the physiologic effects of the active principles we have the most positive and complete knowledge that can be supplied in the present state of the science of physiology.

The greatest names in modern therapeutics are those of the men who have, by physiologic experiment, demonstrated the effects exerted upon the human body and its functions by the active principles. We have repeatedly called attention to the fact that these men were driven to the use of the alkaloids because it was impossible to draw certain conclusions from the action of remedies uncertain and variable in composition and effect.

It follows, therefore, that when we administer an alkaloid or other active principle, we do so because we wish an effect which we know will follow the administration of this agent. We have already recognized in the patient a condition which requires this effect to restore normal conditions. How can anyone say that this is empiricism? If it be not scientific medication there is not and cannot be such a thing.

Not but that men can use alkaloids

empirically if they choose; this is exactly what we are fighting against. There is no reason why they should do so. We have spent many years and enormous sums in the work of collecting and putting in proper shape the results of investigations of the alkaloids, scattered through many publications in many languages, and these ideas will be found offered in concrete book form in the ad pages of this issue. We have made it possible for every physician to ascertain, with the smallest possible expenditure of money, time and trouble, the exact physiologic action of every active principle used as a medicine. We have made it possible for the practitioner to apply intelligently and scientifically these agents in the treatment of disease, and have laid before him in copious detail the enormous advantages resulting therefrom.

But, in truth, "you may lead a horse to the water but you cannot make him drink." If in spite of this men persist in using these agents empirically, the fault lies with them and not with us. Old habits are hard to unlearn. Eyes accustomed to the dimness of twilight blink in the glare of the broad sunlight. The back becomes so fitted to the burden that it is actually missed when once rolled off. A woman from whose breast the writer removed a huge tumor, told him afterwards that she missed it so much that she could hardly go to sleep. How then can we expect all to lay aside the vicious, empiric habits which the years have ingrained into their nature, and to recognize and put in practice these new and better things?

We don't expect it. We must be satisfied that so many are really doing this;

that a constantly-increasing proportion of the younger men, and of those who although old in years are still receptive, still capable of receiving and assimilating new ideas, are accepting the active principles and putting into practice the therapeutic methods they alone render possible.

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#### **PNEUMONIA AGAIN: MARSHALL FIELD.**

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Our reasons for predicting a fatal termination of the Field case when first announced were: The insidious attack—first a slight cold, the pneumonia of a single lobe, too early relief, with sinking spells at an early stage. The attack seemed to have been contracted while traveling, and travelers' pneumonias are notoriously dangerous. Again the attendance of several physicians, with the bulletins demanded by the press point to a condition which is almost inevitably fatal. One pilot may carry a vessel safely through the most devious channel, while several with conflicting opinions will too often wreck it. The issuance of bulletins, with over-anxiety, is an almost certain prognostic of evil in all dieable cases. The consciousness that the eyes of the world are on a physician is a strain that is a great hindrance to that concentration of all his faculties on his case that gives the best results.

Don't wilfully misunderstand or misrepresent us—we are far from claiming that all pneumonias recover in our hands or that this or any other particular case would have done so—it's an awful handicap on one to have a Mar-

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Many text-books become obsolete in some parts—hence are unreliable—within ten years. Most teachers are obsolete by that time.

The text-book can never more compete with the up-to-date journal; too expensive for the rapid obsolescence of today.

shall Field's life dependent on one's judgment; with all the world we mourn his loss, and have the deepest sympathy for those of the profession and his dearest friends who did their best.

A distinguished eastern editor, recently proffered a paper on this topic, exclaimed: "If you say its curable you are falsifying and I'll turn it and you down"—simply refused to print any paper that claimed that pneumonia could ever be successfully treated.

Admirable way to encourage the discovery of life-saving truths! No wonder they say the American medical profession is a unit in favor of the pessimistic, do-nothing, let-'em-die theory, when they will not allow any one free speech who opposes it. And yet may it not be possible that a more prompt and exact method than that usually employed by those who proclaim pneumonia an incurable disease, might produce better results?

Though some top branches of American therapeutics may be dead it's alive at the roots—is sprouting.

#### **"SUPERSTITIONS IN MEDICINE."**

In the *Journal of the A. M. A.* for January 6 is a characteristic editorial entitled: "Superstitions in Medicine."

Under this title the writer launches a diatribe against people who do not orient their beliefs by his own. Anything *he* does not happen to know or to believe is a "superstition." This word he derives from the Latin *superstes*, a survival—and we cheerfully accept this etymology and place the writer of that editorial among the class.

Among other things he attempts to

demolish the intestinal antisepsis "superstition." Typhoid fever, he says, is a generalized infection, not necessarily localized in the bowels; despite of this people will persist in attributing beneficial powers to intestinal antisepsis in this disease.

Sad! isn't it? Besides, bacteria are cells; so is the body made up of cells; the former have learned to live alone and are hardy, the latter cling in colonies and are much less vital; anything that would kill bacteria would do much worse things to the body cells. The one exception is malaria; in no other disease do we have anything that will kill the foreigners and spare the native born.

If quite sure the cyclone is past we will crawl out.

Going to the cardinal principles of bacteriology, we will ask the writer if the number and virulence of an invading swarm of bacteria has no influence in determining an attack and its gravity? So many pathogenic organisms are constantly found in the mouth, the sputum, the intestines, that we are forced to conclude that they only effect a lodgment when they are able to overcome the resistant powers of the organism. Hence the belief that reducing the number of these invaders and cutting off reinforcements from the bowel is a legitimate means of lessening the likelihood of an invasion of the body and an outbreak of the disease they cause, and also a means of reducing its vehemence if not altogether preventing it. Otherwise, why does not our friend go a step further and condemn the observance of hygienic precautions in the patient's environment, since this can not affect the bacteria in

By vasodilation caffeine produces marked depression of the arterial tension, raising it in diseased arteries.—Mirano.

Caffeine reinforces and regulates the heart; acting rapidly and quickly eliminated.—Mirano, quoted in *N. Y. M. J.*

the patient's body? If you admit the utility of removing putrescible material from in and about the patient's home, why neglect the most dangerous variety of such material known, actually within the patient's body?

But do not overlook the remarkable discovery made by our friend—that bacteria were formerly members of a composite body and have “learned” to live independently. As this is entirely new we look with interest for the forthcoming proofs. When and where did bacteria form parts integral of an organic whole, animal or plant? Describe the steps leading to this wonderful discovery, please. Or is this the notion that independent cells are superior in vitality to the members of a composite polycellular being a mere assumption? We have heard somewhere that there is strength in union, but we presume it is a mistake. We also fail to catch the train of reasoning that argues that the discovery of one instance where remedies destroy the intruding organisms, without injuring the body cells entirely precludes the possibility of there being another such instance in Nature. Kindly show us the why. To our superstitious intellects it seems that one such instance renders it probably that others exist.

The whole argument is *extra vires*. One would think men would tire of committing the same old faults so many have committed before them. We certainly get tired of pointing them out. The argument is between the man who says a thing can not be, and the men who try it and show that it is. The use of intestinal antiseptics is not based on any action they are supposed to exert

against the typhoid or any other bacteria, but upon the effects that follow their proper administration in typhoid fever and in other maladies. Flush the alimentary canal and disinfect it with a sufficiency of the sulphocarbolates, and we find that the fever has fallen, the diarrhea, tympanites, aching, delirium, restlessness, anorexia, nervousness and other evidences of toxemia have moderated or ceased; the whole case presenting about one-third less gravity than it did previously. Repeat this experience with every form of fever occurring during a quarter-century of active practice; repeat it at the hands of thousands of other practitioners; and then try to tell us it can not be—because a few bacteria have escaped into the blood before the therapeutic salt touched their tails!

Suit yourselves, gentlemen; if the results obtained from the administration of the sulphocarbolates in fevers can not be explained by your theories of bacteriology, so much the worse for your theories of bacteriology. But we readily admit that probably your theories will bear revising, and that your knowledge of the biology of these microorganisms may possibly bear enlarging. Meanwhile we will go on with our germicides, so-called, quite contentedly until you catch up with the explanation of their remedial action.

From many similar letters in our files we select one as a sample: “Nearly twenty years ago I saw and adopted your ideas on antiseptics, especially in regard to the sulphocarbolates; and from that time to the present I have had occasion to rejoice in the abridgment of my typhoid fever cases.”

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Iron salicylate is a powerful febrifuge, not sudorific, locally active in erysipelas and tonsillitis.—Gray, *N. Y. M. J.*

Gray recommends iron salicylate in pneumonia, puerperal sepsis, and other inflammatory conditions.—*Edin. M. J., N. Y. M. J.*

The other "superstitions" denounced are also defensible; but we leave them to other hands.

Who is the writer? When the *Journal of the A. M. A.* publishes such statements in its leading editorial it presumes to speak for the whole Association, and through it for the entire body of American physicians. Few questions in medicine are so completely settled and agreed upon as to warrant this positiveness. Let every tub stand on its own bottom; let the man who pens such an editorial sign his name to it. If he is a "big fellow" we will not hesitate to oppose him; if some callow fledgling, so much the more reason he should not be permitted to speak such nonsense in the name of the medical profession of America.

Trot him out where we can see him.

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#### THE "ELDERLY" PATIENT.

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Pause for a moment and consider the case of your elderly patients. They are well worth considering, for usually they have arrived at a period of fair pecuniary independence and are better able to pay for attention than the man who is still in the thick of the conflict and needs every dollar he can get together to carry him through; besides, as age approaches, men think more of their health, pay more attention to the means of preserving it, better appreciating what is done for them by the physician. Altogether, it is well worth your while to give this class your best thought.

Through hard knocks we learn to spend our forces more judiciously, to make our efforts count for more, to use our wits to protect our hides. We rely

on brainwork rather than muscular endeavor, and our muscular activity lessens; our needs of nutrition remain or increase, but our powers of digestion ebb away; we grow plethoric from unused nitrogenous supply, as we unconsciously select more easily digested and assimilated foods; and obese from the freer use of water to flush the emunctories, since otherwise the large intake of nitrogen makes us uncomfortable. Then, too, we haven't time for exercise.

But the battle of life is by no means over and won; in fact, we are confronted with active and well-equipped young antagonists who demand from us every ounce of capacity we possess to enable us to hold our own. We must still make our brains guard our heads, and the necessity arises for us to keep ourselves in the best possible trim for the conflict. Here we have an advantage over our more agile youthful opponents. We know and will do this; he has not yet realized its meaning. The law of compensation is universal.

Most physicians realize the benefits of a moderate dose of saline laxative on rising; it clears out the bowels, stops the formation and absorption of intestinal toxins, starts osmosis in the right direction, and leaves the whole digestive system in good order for its duties. But for men over forty who have as yet too many unfinished tasks to be ready for Oslerism, the saline is better combined with colchicine which exactly supplies the indication of plethora, and with lithium which neutralizes the superfluous acid formation. For the man who simply can not live physiologically, who can not quit and go fishing when the market is crazy, and whose duties to others out-

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Digitalis useless or harmful when there is cardiac failure with diffuse dropsy; Nauheim baths for failing compensation.—*Crawford.*

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No worse mistake than surgic drainage of stomach in neurasthenia and stasis from general causes.—*Billings, N. Y. M. J.*

weigh those he owes to himself, this is one of the most generally useful and applicable suggestions we can make. It is far and away ahead of the use of "tonics," the pick-me-ups that pave the way to alcohol, opium and cocaine. The harm done by this class of remedies goes far to excuse the indiscriminate condemnation of drugs that has been so prevalent during the past quarter century. How many men have become drug habits or drunkards, how many more have thus exhausted the vital reserves that might otherwise have been utilized to restore enjoyable health, and prolong the period of useful life, through these misplaced potencies.

Nowadays we know that no real increase of vital force results from anything in medicine save through the restoration of physiologic equilibrium; be it by affording a needed food, the stimulation of a depressed function, or the removal of a cause of such depression, toxin or otherwise. The springs of vitality arise within the body, not outside its walls.

The use of the saline combination meets one of the indications effectively. Intestinal antiseptics does likewise—meeting another whose presence is recognized the more frequently, the oftener it is looked for. It is not enough in these cases to empty the bowel; the cesspool must be disinfected or the incoming matters will be infected in their turn. The most generally applicable agents have proved to be the sulphocarbolates—innoxious and effective—cheap—and American! "Give enough to remove fecor from the stools" is the easy direction for their use.

We don't like set formulas—ready-made medicine suits—never did—but there is one combination that fits so many cases that we may regard it as a standard to be employed when not obviously unsuitable—this is the arsenates of iron, quinine and strychnine, with nuclein to make the tonic-blood foods "stick." This is a powerful combination of reconstructives, frequently applicable, and remarkably tolerated by the weak digestive apparatuses of these patients. It is rather *too* effective, since the patient is apt to conclude it is all he needs and the rest of the doctor's instructions may be disregarded. But the kind of doctor we are talking to doesn't let his patient run things in this manner but does his own work and "bosses his own jobs."

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#### ANOTHER EXAMPLE: ONE OF THOUSANDS.

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Prof. W. E. Dixon and G. S. Haynes read a paper on Nov. 28 before the Therapeutical Society on the Bio-Chemical Standardization of members of the Digitalis Group of Drugs (*London Lancet*, Dec. 16, 1905, p. 1792). During their investigation they analyzed many tinctures which they purchased from drugstores and found that they differed materially in strength. One tincture of digitalis was only about one-third as strong as the standard tincture, some tinctures of squill were only half the strength, while one tincture of strophanthus was only one-tenth the strength of the standard tincture. Now just imagine a patient with a failing heart, in desperate need of a cardiac tonic, being dosed with a practically inert tincture—

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Stefano says potash salts stimulate the heart and excel soda because the former penetrate to the protoplasm.—*Critic and Guide*.

Duprez successfully treated valvular heart disease with enlarged liver and ascites with apocynum.—*Critic and Guide*.

and condemned to death for the want of a reliable, dependable preparation. How many deaths annually are due directly to the use of worthless, inefficient or only slightly active galenicals? And isn't it about time the entire profession woke up to the absurdity and the danger of the situation? It seems so strange not to be able to make people see things which are so crystal-clear to us. But patience! The time is not far distant when to use a galenical preparation of a drug which possesses an isolatable active principle, will be considered a foolish practice—perhaps a barbarous malpractice.

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#### BROADEN YOUR FIELD.

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When a man has anything to say to his fellowmen, when he feels that he has a message that is worth delivering to them, it is the part of wisdom to consider how he may best reach the best audience. Many men are so engrossed by their own ideas as they take shape in their own minds that they fail to give any consideration to the question of how they may impress other minds.

Every journal has its own circle of readers, a certain proportion of whom read no other journal of that class. If we take one journal of this class and confine our contribution to its pages, we run the risk of tiring its readers. On the other hand, if we scatter our work among a number of journals, we meet in each a new audience.

The huge CLINIC family has pretty well learned the rudiments of active-principle therapeutics—a good many of them are past masters in its applications. To many of them, papers on these top-

ics are like going back to the multiplication table. New applications of these remedies and investigations of new active principles are therefore the most appropriate material for the pages of this journal.

Outside the CLINIC family are many thousands of physicians who can only be reached through other journals. We have every reason to believe that these as a rule will welcome articles of practical utility along alkaloidal lines—in fact a perusal of these journals leaves us with the conviction that such articles must be exceedingly welcome as replacing the second-hand material and stale abstracts, scissored from exchanges, that occupy many of their pages. It would be singular indeed if an editor did not prefer good original matter of his own.

We therefore make this suggestion to our readers, that they do what they can to spread a knowledge of scientific therapeutics, and to aid in the revival of faith in treatment by the advocacy of treatment in which a rational man can have faith, by presenting to their societies and by contributing to all the journals within their reach live papers giving the results of their investigations. In this way we broaden our field of usefulness and contribute our aid to furthering that therapeutic revival which is absolutely necessary to combat the onslaughts of quackery, bring back the public to faith in the regular medical profession, and put the dollars in their pockets that should be there.

Every movement designed to uplift the honor, the reputation and the character of the medical profession, does these things for every member of it. We must not imagine that our voice is too

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Turck relieves intestinal atony by introducing rubber bags in the rectum alternately inflating and relaxing them.—*Med. Record.*

Morse palliates piles by diet, hygiene, salines, HgCl<sub>2</sub> and local astringents and analgesics.—*Medicine.*



weak, our influence too trifling, to make it worth while. Every one of us contributes his share. If no one does anything, nothing is done, and we stand still or retrograde. If each one of us does his share the force of a united profession is irresistible. Neither you nor we can induce everyone in the profession to do his duty, but if you and we each do our share, we have not only accomplished our own duty, but we have given a powerful incentive to others to do theirs.

Take this or any other number of the journal, mark every passage which offers an idea that you can put in practice, and from your own experience judge of its value. Make careful observations, and record them; and you have here the material for an article any society will enjoy and no sensible editor could refuse. You will increase your own qualifications as a physician by so doing, and will earn reputation among your fellow physicians in proportion to the value of your work and the pains you have taken with it.

It is well worth your while.

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### ARE MEDICAL STUDENTS TOUGH CITIZENS?

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A prominent clergyman, writing for a "religious paper," says that the majority of physicians are "infidels," and as to medical students, "a more ribald, obscene, and godless set of young men is not to be found."

We would object to such sweeping statements, that the reverend gentleman cannot possibly know all medical students personally, and hence has no right

to speak for any others than he personally knows. But suppose he is right—where is the fault?

Some years ago the writer was the executive officer of a medical college, and came into close personal relations with the students. He became impressed with the fact that these youths, many of them, came to the city for the first time, away from their sheltered homes, and were now first exposed to the trials and temptations that beset youth.

Man is gregarious; he seeks female society as naturally as he seeks food and shelter from the cold. Strangers in the great city, the society of pure women was debarred them; with the other sort it was easy to form acquaintance. What could anyone who knows men expect?

Impressed with these facts, and feeling that nothing so well replaces the broken family ties as a church connection, we wrote to each of the pastors of the churches within easy reach of the college, laying the matter before them.

Just two out of a dozen replied to the communication. One deputed a subordinate member of the college faculty who was a member of his church to form a Bible class exclusively of these students, meeting in a separate room and carefully excluded from the possibility of forming the acquaintance of anyone connected with the church. The other wrote throwing open the church to all the students and inviting them to a weekly social meeting held for the purpose of enabling the young people to become acquainted in the proper manner, under the eyes of their parents and the church officials. The only objection to this was that we felt delicate about urging students belonging to other religious denom-

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Robinson, praising coca as a heart tonic, says the great difficulty is getting a preparation of real value.—*A. J. Med. Science.*

Offergeld finds thiosinamin useless in gynecic cases to soften adhesions or reduce infiltrations.—*Critic and Guide.*

inations to attend—but this was a trifle compared to the benefits secured.

In times of old there was a small percentage of medical students who might have deserved this condemnation; but even then it would have been grossly unjust to apply it as sweepingly as the reverend gentleman has done. At present, with the high standard exacted of the candidate for the degree, and the State Boards looming ominously behind it, the student has his time too fully occupied to permit of the old pranks—which were mostly simple ebullitions of youth freed from parental control for the first time and rarely more culpable. We must add that as a result of a quarter century of teaching medical students, if they in any degree deserve the condemnation so liberally bestowed by the reverend, they managed most successfully to keep their delinquencies out of our sight.

The modern medical student is a gentleman; a scientific scholar; and compares favorably with young men in any other walk of life. But as to the theological student—we heard Chicago's greatest preacher say none but the "hay-seeds" entered the divinity schools nowadays!

Now, *will* you be good?

#### ALKALOIDS VS. ALCOHOL.

In the golden days when the writer was a young physician struggling to get into practice, when a patient was rare and to be sedulously cultivated, a delicate, wealthy, lady came to him—an altogether desirable case who must be pleased. She needed a little tonic, to the choice of which he gave great consideration. This was not a case for that

old standby, Huxham's tincture, for already he had won some repute as the prescriber of horrible doses. So after much weighing of probabilities he chose with trepidation some one of the elixirs—possibly ferrated elixir of cinchona. Next visit he anxiously inquired how she liked the medicine. "Like it? why it is simply delicious!" Even in his callow inexperience the doctor took alarm at the tone and withdrew the perilously agreeable mixture and substituted pills.

A similar case—the lady was toned up with these two agreeable medicines, until the writer was called upon to have her sent to a place of detention to ward off an impending attack of delirium tremens.

How many drunkards have acquired their first taste for alcohol from these seductive wines and bitters under the guise of a medicine? What more are they at best than the ancient sherry-and-bitters, the precibal appetizer of society?

It does not require more than a taste for some persons to arouse the slumbering demon of drink. There was a great baseball player once, who stood near the top of his profession. He had never tasted alcohol, until one day by mere accident he did—and a new world opened to him. He went the limit, lost his place, and only after years of such a conflict as Christian waged with Apollyon did he overcome the frantic thirst and regain his place. This is not an isolated case. There are many to whom the taste of wine in the pudding sauce,—why not the alcohol in a tincture?—will arouse an unsuspected craving handed down from some forgotten ancestor.

Rarely do we know enough of our patients' heredity to predict such developments—in the vast majority of cases

**Angina Pectoris:** In advanced arterial disease amyl does little good, but often harm; only morphine relieves here.—*Oliver, Lancet.*

**Amenorrhea:** Goodell's four chlorides were mercury, arsenic, iron and hydrochloric acid; for depressed cases.—*Critic and Guide.*

the outbreak is a surprise to us. They occur, however, with sufficient frequency to warrant us in the claim that the following rule should be observed. No physician should in any case prescribe any medicine containing alcohol unless he *knows* that the patient has not such a craving. This means that the use of alcoholic preparations should be limited to known exceptions, and that the rule for medication should be the use of non-alcoholics.

This most desirable rule is established best by making it a custom to prescribe and dispense granules and tablets instead of tinctures and other fluids. If the use of these becomes habitual the danger is avoided; the exceptions can be watched. If the use of alcoholics be habitual one can not possibly recollect the duty of watching for these cases, or even take the time to do so and to suit some other unfamiliar preparations to their maladies. It is wise to practise habits that are safe; unpleasant surprises will less frequently occur.

We are saying nothing as to the use of alcohol when the physician in charge honestly believes it to be indicated. He is the judge, and his the responsibility. We refer here to the casual presence of alcohol in prescriptions not as a needed part for its therapeutic effect but its action as a solvent of the active principles or a means of preserving these from decomposition—in a word, for pharmaceutical reasons alone. As to the use of alcohol as a medicine we have already stated our sincere belief that there is no single use to which this remedy can be put, as such, for which there is not a better one to be found among the active principles, aside from the considera-

tion of the dangers besetting the employment of alcohol. But—that is another story.

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### SOME DRUGGISTS' VIEWS.

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A valued correspondent has called our attention to the section of the *Western Druggist* for September, denominated "Around The Table." The topic is the relations between physicians and pharmacists, and a large number of the latter from all parts of the United States contribute their views on certain aspects of the matter.

One of the things which impressed us most markedly was the strong good sense manifested by a number of the replies. The majority by numbers, at least, expressed themselves, however, as being in favor of laws restricting the physician from dispensing in any but emergency cases; and forbidding him to sign certificates of death in any case where he had dispensed the remedies. Others also asked for laws giving the druggist the title of Doctor of Pharmacy, and the right to prescribe and dispense in any case which he might be pleased to consider an emergency warranting such action. The druggist would then be legally entitled to the designation "Doctor," and we might safely conclude that not one person in five hundred would make any distinction between the doctor of pharmacy and the doctor of medicine.

How everlastingly we lambast the other fellow—in our dreams!—others, however, and we strongly suspect that the majority of brains and influence may be found with them—condemn most or all these propositions as prepos-

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Sodium benzoate is one of the most efficient remedies in uremia; full doses hourly at first symptoms.—*Cleveland Medical Journal*.

Adler treats pruritus ani by local applications of hamamelis, ergot, hydrastis and comp. tinct. benzoin.—*N. Y. M. J.*

terous. A good many come out flatfooted with the statement that they have no trouble with the doctors dispensing, when the latter are treated right on a "live-and-let-live" platform. A few attribute all sort of unworthy motives to the physician who dispenses—a palpable effort at self-excuse for one's own delinquencies.

The whole discussion makes very interesting reading to the physician, but we feel sorry that the editor of the *Western Druggist* did not, out of consideration for the best interests of scientific pharmacy, blue-pencil about two-thirds of the expressions given. We feel confident that it would be decidedly unfair to take the replies, as given, as an indication of the state of opinion among the pharmaceutical profession in general.

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#### WHERE ARE WE AT WITH IPECAC AND ITS GALENICAL PREPARATIONS?

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In the former pharmacopeia only one kind of ipecac (Rio, the root of *Cephaelis ipecacuanha*) was official. The drug importers, however, demanded that the cheaper and commoner Carthagena variety be admitted, and they gained their point. But therapeutically, we are badly off, because the two roots differ markedly in the relative percentage of their constituents.

According to a paper, read before the Kings County Pharmaceutical Society by Dr. Stanislaus, recent investigations have shown that the Rio root contains about 2.026 per cent of emetine and about 0.0842 per cent of cephaeline, while the Carthagena root contains 1.544 per cent of emetine and about 1.289 per cent of

cephaeline. As is seen the difference is quite a considerable one. Referring to the above subjects the *New York Medical Journal* says:

Recent work in therapeutics indicates that the two alkaloids have been misnamed, for emetine is by no means so powerful an emetic as cephaeline is. Emetine is the more purely expectorant principle, and it is on results obtained with preparations of Rio ipecac (containing emetine in the larger amount) that our estimates of the therapeutical value of ipecac are based. With both roots official under the same name, as they are in the new pharmacopeia, the physician has no means of knowing which of the alkaloids is likely to predominate in any preparation of ipecac that he may prescribe. With regard to the fluid extract, from which the syrup is directed to be made, the only pharmacopeial requirement is that it shall contain a specified amount of the mixed alkaloids—how much of emetine and how much of cephaeline, the pharmacopeia does not say.

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#### MEDICAL SECTARIANISM.

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Times change and we with them. The time was when two physicians of different schools passed by on the other side, considering it derogatory to their professional dignity to so much as own each other's acquaintance. If they came into collision over a case they glared across the bed of death and each hissed at the other—"You're totally wrong in your theories and murderous in their application!" But not now.

At present if we really think our friend so completely mistaken we are more apt to softly murmur under our breath—"Lucky for me! Now if I can only keep him from finding out his mis-

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Oefele allows diabetics a moderate quantity of loaf sugar and finds it useful up to 35 grains a day.—*Critic and Guide*.

Graustern finds that horseradish distinctly interferes with digestion as do all condiments or volatile oils.—*Ther. Gaz.*

take for a season I'll gather in all the success there is to be had and run him out of town."

It doesn't work out that way. More likely we go snooping around to catch on to some of his methods to keep him from running us out. Then as we get to know the others we find they are not so bad. Weepillie isn't half a bad sort on the golf field, and we never hear of him speaking ill of us. Several times Eclectic has helped us out of a bad hole with a good therapeutic suggestion. As we grow to know the men we feel less inclined to require them to think and do exactly as we prefer.

So far as separatism is concerned, it is obsolescent and will soon be a thing of the past. There is no real reason to prevent our meeting these gentlemen—if they are such—and we also—in the sickroom where we may unite in the effort to relieve suffering and postpone death. But as to the abolition of the sectarian colleges we are not prepared to go so far. They have a place.

It has been found desirable to establish separate schools for the development of various specialties—electricity, massage, gynecic surgery, etc. There is no question but that this has resulted in a much more effective development of these branches than if they were considered merely as parts of the regular medical course. The same may be well said as to the special developments of their pet therapeutics by the various sectarian schools—the only difference being that they have carried on their work outside the pale of regularism. At the time these sects were formed electricity and hydrotherapy would have been equally excluded from the regular school.

By all means let these sects continue their special schools and special work: but let this be done in the profession. Throw down the bars to every reputable legal practitioner; exact from their colleges the same standard imposed on the regulars; but leave to each man his constitutional rights of individual belief and action. Open the societies to every legal practitioner without any special requirements as to either. Sectarian quarreling only exposes us to the derision of the general public who can not comprehend why men supposed to be seeking the good of suffering humanity should show such animosity over individual beliefs. During this unseemly bickering the quack sneaks in and captures the bone.

Will they come if we open our doors?

Really, that is a question that doesn't concern us. Let us do the right thing: what the other man may do is his concern entirely.

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#### **"CASTOR OIL FOR NEURALGIA": AN EMPIRIC ERROR.**

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In the *Medical Council* for December appears a brief editorial, recommending castor oil as an efficient remedy for neuralgia. Following Gussenbauer, the writer attributes to the oil curative properties apart from and not dependent upon its cathartic powers.

If there are any active principles in castor oil that possess other than laxative powers, these principles should be isolated, properly studied, and given to the world that proper use may be made of them. Obviously, there are plenty of cases where an efficient antineuralgic remedy would come into play, where the

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"The Lord is certainly good to Chicago." Lowest December mortality on record; Isolation Hospital empty over a month.—Whalen.

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Week ending Dec. 16, saw 252,444 lbs. unfit food condemned by Chicago Inspectors; 231,330 at the Union Stock Yards.—Whalen.

cathartic action would be undesirable, let alone the peculiarly nauseous nature of this oil.

But it is extremely unlikely that castor oil is anything further than a laxative. Very few of the old class of practitioners begin to appreciate the importance of toxemias, in arousing so-called "neuralgic" paroxysms. The blood is universally poisoned by the absorption of toxins from the bowels; the irritation manifests itself acutely at the point of least resistance (a nerve degenerated through the operation of any capable cause) and here we have a localized neuralgia in consequence. Castor oil clears out the manure heap; its continued use prevents immediate reaccumulation; the blood is purified by the natural elimination, and the irritated nerve is relieved.

This explains fully the benefit resulting from castor oil. It is supererogatory to seek further for an explanation of its good effects. To attribute these to some mysterious power, of some mysterious, unknown principle, assumed to exist in the oil, is to disregard things plainly in view and seek for a mystery where none is needed to account for the existing phenomena. The better we comprehend the known and the knowable the less we hark back to the unknown, mysterious or supernatural.

Full realization of this truth prevents one's depending upon such partial remedies for the treatment of such maladies. The degenerated nerve remains as a menace to the comfort of the patient, its causes require investigation, its continuance demands treatment.

We have advanced the proposition that zinc phosphide is a specific remedy for

pending degeneration of nerve tissue. That proposition is before you for discussion, confirmation, modification or refutation. Tackle it!

The removal of material lesions affecting the nerve-structures, impinging on their substance, the detection and removal of cachectic toxemias, the maintenance of nutrition by enriching the blood, the establishment of correct personal, domestic and municipal hygiene, all are essential elements of the treatment of neuralgias upon modern scientific principles. Besides such considerations how weak and narrow appears the suggestion of any remedy as a "cure" for neuralgia. We have remedies (and specifics at that) for conditions, but not for diseases.

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#### MALARIA.

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A very distinguished surgeon had malaria. He had taught materia medica once upon a time, but of late had given so much attention to surgery as left him little time for keeping up with the later progress in scientific therapeutics. So he took his 80 grains of quinine sulphate within two days—and the chills went along undisturbed. To oblige us and because he thought it would do no harm he took enough quinine arsenate to slightly irritate his stomach—and the chills stopped for the time. Diarrhea and gastric irritability made him decline our urgency to take a grain of emetine. Yet this was precisely the indication; to be followed by a sufficiency of sulphocarbols to completely disinfect the alimentary canal; then about a grain a day of the quinine arsenate till the sequence of chills was stopped. Follow

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Dr. J. W. Wainwright has issued a useful little Manual on Acute Poisoning, printed by E. R. Pelton, N. Y.

A new edition of Bouchard's Auto-Intoxication in Disease has appeared and will be reviewed here in due time.

with the arsenates of iron and strychnine to restore hemoglobin and the tonicity of the spleen, and nuclein to make up for the death of leucocytes, and we have the modern treatment of malaria in a nutshell.

### CONDEMNED MEATS.

We have just received from a valued reader a letter calling in question the veracity of our quotations from the bulletin of the Chicago Health Department in regard to tuberculous meats, condemned by its inspectors after having passed the Government inspectors at the stockyard. The gentleman further asks us to publish his letter, which is a severe arraignment of the ability and integrity of the city inspectors, *without his name*. We must decline. In the first place, to publish it would render the journal liable to a libel suit; in the second, we find ourselves unable to intelligently discuss the question whether the inspectors of the government or of the city are able to do their work impartially and with an eye singly fixed upon their duty in the face of the enormous influence exerted by the packing houses. This is a matter for individual opinion.

Without any definite knowledge upon the subject more than is to be obtained from publications in the daily press or in magazine articles and judged by the experience we have had of humanity and its tergiversations, we emphatically decline to rush into print. To hold opinions is one thing; to print them in such a way as to render one's self amenable to the law without possessing in our own hands a scrap of evidence which could be

received as such in a court, we leave to some of our sophomoric brethren who are newer in medical journalism than ourselves.

### INTESTINAL ASEPSIS.

In the *Journal of the American Medical Association*, Butler, in the course of a paper on "Typhoid Fever in Children," says: "It is probably a coincidence that the mortality among those getting intestinal antiseptics was 7 per cent, and among those not receiving them 3.8 per cent. This is probably due to giving intestinal antiseptics in severe cases, with the hope of exerting some influence on the intestinal changes. However, the use of intestinal antiseptics did not seem to be of any special value in any of the cases."

How do we account for this experience?

We do not have to account for it.

Have we ever in any of our numerous writings on this topic claimed that there was anything miraculous in the term "intestinal antiseptic," so that any person whoever, giving any agent so termed, in any sort of a way, at any stage of the disease, the microbe is bound thereupon to turn over on its belly and die without any more ado?

We have insisted that the bowels must first be emptied; that it is folly to try to disinfect a bowel in which is a mass of possibly pounds of feces into which the antiseptics never penetrate; that the earlier the antiseptics are employed the better, as lesions of the mucous surfaces are thus prevented; curing them when once made is a different matter, and for the healing of ulcers silver and turpen-

*Don't you feel the South a-callin'? Spring-time's on in Lou'sian'. Trees are green and vi'lets bloomin'.*

Neuralgia: Croton or butyl chloral is specific for scalp pain, often remaining after neuralgias; gr. j every hour.

tine are better remedies than any of the antiseptics proper. Inducing asepsis is like putting out a fire—if you leave ever so little, the whole conflagration will be quickly reproduced. Nothing whatever is said in Butler's paper to indicate that these points were taken under consideration. Instead of this we see that the antiseptics were given in "severe" cases; that is, when the ordinary treatment gave indications of failure; and if this inference be correct the most favorable time for these agents had passed by.

The intestinal antiseptics named in the paper were calomel, salol, guaiacol, acetozone, and benzosol. Queer, isn't it—people hear what we say of the sulphocarbolates and then go away around them, giving anything else rather than what has been recommended. We make no claim that the sulphocarbolates are the only antiseptics, we simply say we have obtained more satisfactory results from them than from any others. If people use other drugs and fail, the inference seems obvious.

Dr. Butler's results are contradictory to those obtained from the antiseptics by the vast majority of physicians—and here also the inference seems obvious.

#### IS THIS RECOGNITION?

By one of those mistakes that will happen to the best regulated journals an item of real therapeutic worth slipped into the esteemed *Journal of the American Medical Association* of Feb. 3. This *faux pas* appeared in the shape of a clinical report announcing a remedy for cholera, contributed by a missionary, Rev. C. D. Ussher, M. D., of Van, Asiatic Turkey. He disarms opposition

at the start by attributing his success to a remark of Koch's, who said that quinine in solution of 1 to 1000 or 2500 would kill the cholera germ in from ten to thirty minutes. The item was taken from *Sajous' Annual*.

Dr. Ussher says that cholera has lost its horrors, through the use of quinine sulphate in ten-grain doses every hour till bile reappears in the stools; from forty to eighty grains having been given in that time; that the quinine is not absorbed but acts in the intestines; and that aromatic sulphuric acid lemonade proved a satisfactory prophylactic. We quote:

Sulphate of copper, 1 to 100,000, for drinking and washing purposes, stopped the disease and stamped out the epidemic in the military barracks where hundreds had died.

With quinine, more than 90 per cent of the patients recovered, including those brought to our hospital moribund.

With the old lines of treatment, every patient during the first week succumbed, testifying to the virulence of the epidemic. Saturday night at midnight I learned of the new remedy, and after that lost but two patients seen before they were moribund.

Our hospital treatment consisted of the following: Quinine sulphate, gr. 10, every hour till rice-water stools ceased and bile reappeared; sweet spirits of niter, dry cupping, heat and friction for suppression of urine; saline injections when the wrist pulse had disappeared (but some patients in this condition recovered under quinine treatment without injections). Occasionally a diarrhea mixture was used when intestinal activity was excessive after the reappearance of bile in the stools. *Where irritability with foul odor persisted, five grains of a mixture of equal parts of the sulphophenolates of zinc, calcium and sodium were given at intervals of from two to four hours.*

Neuralgia: Sciatica has subsided under croton chloral but there are so much better remedies; gr. i to iij every hour.

Neuralgia: Bebeerine, useful for periodics, might well be studied separately; it is drowned by "resembling quinine."



Is the joke on the *Journal*, or, as we hope and trust, is it really willing to let an honest man sustain the principles of intestinal antiseptics for which the CLINIC has fought so long?

"Sulphophenolates" (which should be phenosulphonates) is of course a bad rendering of the new Pharmacopeia's *new name* for the good old-time sulphocarbolates, with which we have marched to victory for lo! these many years.

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#### "PURITY RATHER THAN PRICE."

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In the *Pharmaceutical Era* of December 21st appears an admirable paper by George Bollinger entitled "Purity rather than Price." He refers to the battle for pure medicines which commenced more than fifty years ago with the organization of The American Pharmaceutical Association, and its state allies, with the powerful support of the N. A. R. D.

We, as physicians, should recognize the inestimable value to us of this work. It is little to our credit that the incentive came in so small degree from our own profession. The drugs in the market failed to meet our expectations; instead of demanding better drugs we simply quit using drugs altogether.

Mr. Bollinger says: "I am convinced that a larger proportion of pharmacists than ever before dispense high-grade drugs and chemicals in prescriptions. The best medicine is none too good when life is at stake."

We join hands with men who talk like that, and we must say that they are the sort of pharmacists with whom we have usually come in personal contact.

He makes a strong plea for the pharmacopeia, and that physicians should be

encouraged to prescribe official preparations. The pharmacopeia meets the needs of physicians as it never did before, and is therefore that much better deserving of their support.

Cheap drugs and slovenly handling are deservedly condemned, while skill in selection and in compounding assuredly, as the author says, should command higher prices. With this we fully agree. Scientific pharmacy, like scientific medicine, is not to be measured altogether by dollars and cents. A human life may be sacrificed by a careless apprentice, who neglects to wash some powerful drug like strychnine out of his mortar before using it to compound another prescription.

We hope and believe that a real renaissance is on in pharmacy, as in medicine, and that the cause of exact therapeutics will inevitably benefit thereby. The live, intelligent, conscientious pharmacist deserves our support and we need his services. Let's all work together.

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#### LAMAR FONTAINE.

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Although the credit for first effectively attracting the attention of the medical profession to the mosquito, as the carrier of yellow-fever infection, is given to Dr. Finley, of Havana, he was not the first to whom this idea occurred.

In 1857, Lamar Fontaine, a distinguished civil engineer of Mississippi, elaborated this theory, from observations made upon the mosquito in connection with both yellow fever and malaria. This is the more creditable to Fontaine, in that the progress of science at that early date had not attained the general development which it had when Finley made his observations.

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Neuralgia: Sciatica and earache have been helped by digitalin; best with aconitine to equalize the circulation.

Neuralgia: Capsicin is useful for persons stopping the use of alcohol or tobacco, no matter what pains they may suffer.

# LEADING ARTICLES

## THE PNEUMONIAS.

BY WOODBRIDGE HALL BIRCHMORE, M. D.

WHEN the discovery of the role played by the bacillus Koch in tuberculosis turned the attention of students from pathology and pathological anatomy to cryptogamic botany a large group believed that they were on the verge of a great discovery in relation to the disease or diseases in which the formation in the air vesicles of a coagulable exudation is a prominent symptom. The questions involved in the studies of this great group were made more complicated rather than less so by the discoveries in relation to the figured elements, and the present hesitation and uncertainty in the minds of those called upon to treat this disease or group of diseases at the bedside is but an echo of the state of mind of the closest students.

The men who regard the capsuled coccus as the only and sufficient cause have judged, as we all must do by the facts in view, but at the same time their list of facts is limited. and while unquestionably their conclusions are justified by their experience, a series of facts exists which they appear to many to treat with quite too little attention. The result is that a distinct difference of precept and practice exists between physicians on this subject, which seems in some sense dependent on their environment and this alone.

An attempt has been made to show

that this difference is founded on the ability of one group to make use of all the details of the laboratory technic and the lack of it in the other, but this is hardly true, for the skill in technic is not limited to those who see only one cause for all the varieties of manifestation.

First of all, what do we intend by the use of the words, "A case of pneumonia?" Do we intend a clinical picture? Do we intend a pathological condition independent of definite causation? Or do we intend a specifically caused pathological condition? The answer to this question is not easy, because there is hardly one of us who will not in the course of one short half-hour's conversation use the word in at least more senses than one.

Pneumonia has been defined as an inflammatory disease of the lungs; as an essential fever characterized by a fibrinous exudation into the air cells; as the local manifestation of a constitutional disease; as a local disease having constitutional manifestations. This last view depends directly on the theory of an invasion of the bronchioles (muscular) and air vesicles by a cryptogamic element which then and there begins the laboration of a poison. *All the other* definitions depend upon *clinical* manifestations; this last depends upon a *theory* as to the *causation*. Students had investigat-

ed this disease, and had treated it with success for many years before this last view was even possible and it is well to bear this fact in mind.

If we investigate the disease as it exists today we find conditions to be unlike those of the past, and if we refer to the writings of the past we find pictures which, in our today environment, we can not explain, and which we do not see. In fact, there is hardly a city or large town in which the medical records cover the space of an ordinary lifetime, where the change in the type of the disease has not been noted and where it is not well marked.

If one investigates carefully, using where possible graphic testimony rather than parole, it soon becomes quite clear that the disease known sometimes as "pneumonia" and sometimes as "lung fever" has changed clinically, if the same pathological movement be in all cases represented by the name pneumonia. Two generations ago the disease then called "pneumonia" was by no means so frequently seen as today in proportion to the population. It was seen later in the season also, the mortality was less and the writings of the time give us clinical pictures utterly foreign to modern experience in the same ground, *but in perfect accord* with the experience of today *in other localities*. Practicians of mature years will tell the questioner that "the character of the disease has certainly changed"; again and again we hear some younger man say: "I've been reading my father's (grandfather's) diary. Funny we never see the sort of pneumonia they seem to have had."

Personal inquiry extended by corres-

pondence from Portland, Me., to Savannah, Ga., makes it absolutely certain that fifty years ago the familiar form of disease on the Atlantic shore was not only not what it is today, but it was the form now rarely found in cities this side of the Great River. In fact the change in type can almost be traced in given localities from the fulminant disease produced by cold to the adynamic disease of slow onset which in the last few years has reached the status of a veritable pestilence.

The more extended the inquiry the more logically necessary is the conclusion that the disease which we now know as pneumonia, the only form which we now meet in the large and smaller cities, was indeed known but was most unusual and was just as fatal then as now, but so very few were the cases compared to other types that they did not properly impress the clinicians of that day, who as a rule, meeting in the round of duty the forms now familiar to the practitioners of the West, treated the cases as these practitioners treat them today, and with the same success. It is unquestionably true that one form of the disease has practically disappeared in the East while another has survived to occupy the field almost alone. That this form has gained the status of a pestilence in certain localities in Chicago and other large cities cannot be questioned, but it does not by any means follow that the other forms have disappeared everywhere outside them.

The diversities of form which once were found in close proximity are now geographically far apart, because in the cities the infectious disease which in days gone by was indiscriminate from that due

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Neuralgia: Many cases are amenable to an emetic of emetine; depending on an overloaded stomach; don't give 'em opium.

Neuralgia: Emetine gr. j at bedtime not vomited will sweep out the liver and stop pains, the bungler treats with narcotics.

to exposure has survived, growing constantly more virulent, while that due to the climate conditions has disappeared.

In some cities, as in Denver, the type due to the infection has become from the change in surroundings so relatively the rule that some physicians appear to have become confused and to have made the mistake of thinking that they had made mistaken diagnoses in previous years.

If we made investigations into the detailed history of the cases of the past, the clinical pictures which come to us from farm-houses, from "the open country" and from the cities, presented the same distinctions that we find in certain localities today. In their records we find the same statements in relation to "fulminant attacks" due to cold which are recorded now, attacks in which the entire lobe would appear to become solid in a few hours with "coagulable lymph," to clear again as suddenly; but it is possible that the exudate in these cases was in fact serous and not fibrinous. The condition would last but a few hours and apparently the patient would recover perfectly. This was the definitely expected record and type in this class of cases, and in the clean air of the country it certainly was the rule that if the cases survived the primary onset they recovered.

The conditions of the past have in many localities continued into the early eighties, and the practitioners who had no microscopes, but founded their opinion on clinical experience alone, were just as ready and as confident in their diagnosis as were the men who made use of all the diagnostic refinements of the hour, who found basis for their opinions in the result of post-mortem examina-

tions, and both groups of voiced opinions agreed.

But when the discovery of Koch turned the attention of the students away from the study of the *corpus delicti* to the study of the supposed cause, the study of the pathological anatomy came to a sudden stop and since then has never again been undertaken with anything like the previous carefulness.

During the past twenty years and two it has been my good fortune, and bad, to see cases called "pneumonia" in the cottages of coal-miners, in farm houses ranging from two rooms to twenty, in the far Northwest prairie as far as Winnipeg, in Kansas City, in Chicago, and in New York. Also by good fortune I have obtained material in many cases which has been carefully studied and if the micro-specimens have any special significance, 'tis this, and to me it seems written large: "Either under the name pneumonia are grouped three, and possibly five, distinctly various pathological movements, or there are three or five forms of pneumonia which are anatomically distinct." Nor are they clinically one, for the distinctions between the flash of a sheet of paper converted into nitro-cellulose and the burning of a sheet of the same kind of paper when lighted at the upper corner is not more marked than is the difference in the onset of so-called "pneumonia" in a man exposed to a "blizzard" or "black fog" on a Northwest prairie and the pneumonia of a New York tenement.

In the one case the men would leave home strong and in perfect health, would get caught in the storm, come into a warm room, complain of a shortness of breath and maybe even faint and die be-

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• Neuralgia: When the alimentary canal is unloaded and elimination perfected, what is there left to do? Mighty little!

Neuralgia: Plethorics, uricemics, from overeating or colds, throbbing head, give colchicine, gr. 1-67 to 1-33, at bedtime only.

fore air could be given them. I have seen this catastrophe happen just three times. If not so much of the lung was implicated, a lobe, for example, would apparently be solid, and if the routine treatment, worked out on the spot by physicians who had been used to "blizzards' doings" for half a lifetime, was begun at once and used with judicious fearlessness the chances were that the patient would recover in the proportion of seven cases to three, and even that within a week the patient would be able to be up and doing. In fact it took the victims more time to recover from the treatment than from the disease.

In these cases we saw no great amount of expectoration, "red" or "gray," and what we did see, while it never coagulated spontaneously was easily coagulated by heat from neutral or faintly acid solution, in a word was richly albuminous, and sensibly resembled a faintly but distinctly alkaline solution of "white of egg," and apparently contained no fibrin. The men who saw these cases were not fools, but the graduates of the very best schools in this country, in Canada and Europe, and all believed that an "abortive" treatment of (this) pneumonia was possible.

There was another form of equally sudden onset, less intense, and also more fatal, which usually, when it ended in recovery ended by "red softening," and not more than half of these cases died. The course it would pursue, that is if it would abort or no, could be easily determined by the sudden drop in the fever, gradual defervescence not being accompanied by resolution.

In these cases there were anxious days, two or three, until we knew what was

about to happen; would the softening be "red" with gradual but complete clearing of the lung; or would it be "gray", accompanied by chill, hectic fever and certain death after a rather indefinite period?

If the onset was "slow," and the patient "weak," we knew from the start that it would be fatal because we were not able to use the means which we had every reason to believe would be useful, could we but use them, because of the condition of the patients. In these cases we knew that death was absolutely certain from the very beginning. In these there was no sudden solidification, as in the cases which aborted, but the pouring out of the *fibrinous* exudate would seemingly be going on in one part of the lung while the exudate was breaking down in another.

When the patient died in the first onset, if autopsy followed the part of the lung implicated was found to be full of fluid which could be forced out by squeezing, which fluid has been recorded again and again as containing blood corpuscles, specially white ones, and desquamated epithelium. Records of this sort are found in accounts of cases in all localities in the early sixties, and they were just as true in certain localities in 1887. If the lung was solid it was like india-rubber to the fingers and when hardened and sectioned, differentially stained and examined, the alveoli appeared full of coagulated fibrin while diapedesis had taken place from the capillary vessels and a layer of cells, sometimes three or four thick would show that the epithelium was desquamating and that the healing process had begun, but the exudate was not dis-

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Neuralgia: Colchicine is like veratrine—it grows in favor as we know its applications better and recognize indications.

Neuralgia: The beginner flies to analgesics and hypnotics; the gray head looks to the elimination first.

colored, "red hepatization" had not yet taken place. So far as could be judged from my own experience, and the careful questioning of all I could ask, of those from whom *real answers* could be gotten, the conviction seemed to be that the "red stain" of the fibrin came from the solution of the blood cells caught in the capillaries of the alveoli.

In the material from one case, seen in 1885, appearances suggested that the healing processes had begun in the alveoli behind a screen of leucocytes and desquamated epithelium. This patient died of heart failure on the fifth day, but in none of these cases could the alveoli be shown to contain the familiar organism, and the relative fewness of the cocci and other figured elements in the exudate was a surprise.

It is worthy of note that the latest descriptions written by pathologists in New York seem to place the "gray stage" not as alternating with, but as *sequent* to the "red" one. If this be true in the majority of the cases in New York City then the type of disease is *ad hoc*, unlike that of the West and Northwest, for there a sharp line can be drawn between the cases ending in "red softening" with "rusty sputum" and those ending in the "gray stage," and in no case did I see or did I hear of a "gray stage" consequent to a "red one."

Another important definition was to be seen in the suppuration cocci which appeared in the slides made from cases which had died in the "gray stage." In some slides, notably from two cases which had lived in hideous squalor, the encapsulated cocci, or bacilli, could be found in plenty, but in cases in good environment the figured elements most especially not-

ed were cocci belonging to non-encapsulated groups.

In one special case, material obtained in Kansas City and handled by the celloidin method, there were numerous encapsulated cocci well out in the exudate, but there were also phagocytes containing unquestionable chaplet elements, and the impression was inevitable that in some form inflammatory action had begun and had ended in utter ruin, the healing process had been over-powered—Why?

Such then was the series of conceptions in respect to pneumonia generally current among physicians in the West and Northwest as late as 1892-3.

Along with these three pathological conceptions were three equally distinct and in the opinion of their users well justified schemes of treatment. The treatment of the form which was expected to end in immediate absorption consisted of a systematic and relatively severe catharsis followed in a majority of cases by a systematic use of aconitine or veratrum with digitalis "to steady and control the circulation," using the lancet when needed to relieve the overloaded heart, and the tartrate of antimony and potassa to prevent the coagulation of the exudate. It is noteworthy that in the cases which underwent resolution such of the contents of the lung vesicles as was expectorated was plainly serous, with but small traces of fibrin. The fibrinous exudate of the more serious cases was not seen in those which aborted if judgment from the sputum is justified. I do not remember to have seen this fact recorded but it is easily verified by anyone who meets such cases.

In practically all cases of sudden on-

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Neuralgia: Inveterates are cured by destroying nerve by osmic acid injection; the knife can be better controlled.

Neuralgia: Menthol locally is a powerful anodyne; give by stomach to arouse reaction and soothe pneumogastric ends.

set, all of which were expected either to abort or to end in "red softening," the same treatment was used until the physician was satisfied that "successful abortion" was impossible and then the practitioner would make use of a totally distinct system of treatment. Overfeeding was attempted to sustain the strength and every possible scheme and artifice was employed to hasten the casting off of the softening exudate. As has been said this system of treatment has been worked out not from pathological data and scientific preconceptions but as the result of observation only. The belief was universal among the men of experience that in this system was a reasonable hope of success and in this system alone.

The abortable group was to be aborted. The danger which appeared to their judg-

any such treatment methods were simply worse than useless. The general conception was very well worked out by Dr. Willis P. King in a paper read at a meeting of physicians in 1887 or '88: "So far as my experience goes the question is not which treatment method is the best for our patients, but which is the least injurious." I do not know that any other physician was so perfectly frank but they might as well have been, for all recognized that "gray softening" stood for certain death, no matter what the character of the onset.

By persistent endeavor I managed to obtain the answers to certain questions in respect to the group of cases given below. The facts sought for were simply the recognition of the three forms, the number of each form and the number of deaths. All reference to treatment was

TABLE SHOWING DURATION AND MORTALITY OF 500 CASES OF SO-CALLED PNEUMONIA VARIOUSLY LOCATED AND OCCURRING BETWEEN 1882-1893.

Termination	Aborted	"Red Softening"	"Gray Softening."
Number of cases.....	198 39.6%	174 34.8%	128 25.6%
Died of primary disease.....	21 10.6%	73 41.9%	122 95.3%
Recovered from primary disease.....	177 89.4%	101 58.1%	6 4.7%
Distribution of Deaths.			
Died in onset .....	11 52 %		
Between seven and fourteen days.....	5 24 %	42 57.5%	47 36.7%
Between fourteen and twenty-one days...	2 9.5%	19 25.0%	75 58.6%
Between twenty-one days and three months	3 14.5%	12 16.5%	6 4.7%
Total deaths .....	21 100 %	73 100 %	128 100 %

ment as the possible catastrophe was the overloading of the heart, as a drowned pumping engine might be overloaded. In the second form, the first non-abortive group, that with the "red softening," the idea seemed to be to prevent coagulation if possible, but failing this to disintegrate the exudate as rapidly as might be.

In the third form of illness, the "asthenic form," as it was aptly called by some, "the adynamic" or "the progressive form" as it was styled by others,

omitted. The cases were scattered in various parts of Kansas, Nebraska, Minnesota, Colorado, Missouri, and Iowa. The only item of importance is the ratio among the cases, and I think this may be taken to be reliable and as typical for the whole region up to the winter of 1890-91.

The enormous proportion of the aborted cases is not to be avoided on the basis of Dr. Cuykendahl's quip *in re*, tetanus: "Most of them died, those who

Neuralgia: Solanine has been substituted for morphine in severe forms—there's a valuable suggestion in that remark.

Neuralgia: The study of other remedies for each one's specific uses leaves no room for morphine or alcohol; drop them.

recovered did not have tetanus." It will not do to say, "those cases which aborted did not have pneumonia," for they did, *as pneumonia was then and there understood*. At the same time any attempt to avoid acknowledging the distinct difference between the manifestations of this disease in those localities at that time and the unlike pathological movement now called pneumonia in the cities, would unquestionably be wasted labor, but the pneumonia of the prairie states in 1890 was the pneumonia of New York, Boston, and Philadelphia in 1830, if the clinical histories of the time have any meaning.

The really interesting group of cases is that in which the disease is described as "aborted," yet in which 21 deaths are charged. These deaths include those in which the patient was either at once overpowered or the patients so weakened that they never rallied properly although the proper march of the disease was broken up by the absorption of the exudate, *which did not coagulate*. To account for these cases by any demonstrable theory is at present impossible and about the most useless thing in this science of pathology is speculation without experimental proof.

During the winter of 1890-91 the writer met a physician from Boston in an emergency case (that of a man who had come thirty miles in a sleigh to meet the train) brought on by chill as we all supposed, in which the diagnosis of "acute pneumonia from chill" was unhesitatingly made by the local physicians who had no hesitation in saying that the disease would no doubt yield to treatment in a few days as the victim was robust and the implicated area was not

large. The Bostonian agreed to the diagnosis but was evidently skeptical in respect to after results. He certainly did not expect the patient to make any such recovery as was promised. The treatment given was the routine of the locality: Aconite and digitalis, purgative and tartrate of antimony and potassa. The exudate was practically out of the way after ninety-six hours, defervescence followed and at the end of the week the patient was about in his room but was as a matter of course very weak, but eating well.

The Bostonian who had remained to watch the case, and who had agreed in the diagnosis, made afterward two remarks which at the time surprised me. "That is not pneumonia as I have seen it;" and "the diagnosis seemed to be correct, but the clinical picture is new, and I have not been able to find the usual figured elements."

There had been little expectoration and what there was had presented no aspect which appeared to me unusual, but conversation with this gentleman showed me that clinically pneumonia in Boston and pneumonia in Nebraska were in truth not identical, and for the first time I was inclined to raise the question of the multiplicity *vs.* the unity of type as opposed to the notion of the diversity of stages of pneumonia. Were we confounding two or more distinct pathological movements in our conception of this disease? Had we to deal with the local, *quasi* surgical, lesion produced by cold in one set of cases, and a definite germ invasion in the other? To those on the spot it appeared by no means preposterous when we came to consider that the most part, practically the whole, of the abortive cases were immediately consecutive to

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Neuralgia: Empty bowels; disinfect; eliminate toxins; relax vascular tension; incite vitality; restore blood crisis.

Neuralgia: In these notes the word has been used clinically; you may pick out the pathology to suit yourselves.



exposure. There is one circumstance however which is decidedly at odds with this hypothesis, the undeniable change in the type of disease as seen in the valley states and more or less throughout the West.

But the peculiar way in which the disease when caused by the encapsulated coccus clings to the lines of traffic, while a few miles away it will be quite unknown, ceases to be any mystery when we consider the facts brought out by Dr. J. J. Kinyoun in the *Medical News*, July 29, 1905, and it also tells us why the pneumococcal pneumonia is the distinct disease of the traveler by railway in this country today, as certain fevers were the special heritage of travelers by sea in time past. He carefully studied the dust of railroad trains, made inoculations of the dust, and obtained positive results in 19 cases: 1 tuberculosis, 8 pneumococcus pneumonia, 4 staphylococcus, 5 general septicemia, 1 malignant edema? In other words the opportunities for catching pneumococcal pneumonia were eight times more numerous than were those of catching tuberculosis.

This tells us why this form of pneumonia clings to the traveler and to the towns along the railroads, while the other forms of the disease are found more frequently only a few miles off the line.

The younger generations of physicians certainly see fewer cases of the abortive type. They appear by what is written to be less familiar than their fathers were with the type and with the treatment. They do not report or discuss the absorbed cases as their predecessors did, and when they do by any chance discuss this, their dicta are less assured than those

of their fathers. The question is inevitable, "Have these cases ceased to be prominently in view?"

During the past few years the papers on pneumonia in the western journals have had a less and less satisfied tone, and while some men appear to be undecided and uncertain, others write as if disinclined to commit themselves.

It is most interesting to note in the *Yale Medical Journal* a paper by Rush W. Kimball, M. D., of Norwich, Conn., in which he inclines to acknowledge many causes for the disease. He says: "Pneumonia is due to bacteria, the pneumococcus and the diplococcus being the most constant; infection may be a pure pneumococcus, a diplococcus or a mixed type. It has always been regarded a local infection but during the past year it has been proved that in lobar pneumonia the pneumococcus is invariably present in the blood." Yet he makes no distinction in the clinical pictures which characterize these totally distinct infections, but he does recognize the change in the type of the disease, saying, "One of the most striking facts is that there has been, during the last few years, a modification in the type of the disease." This he appears to think due to the influence of la grippe. It is noticed also that he expects much from the investigations in New York City while he questions the extreme contagiousness on which demand for the investigation is grounded.

Taken as a whole this paper by Kimball is a remarkable confirmation of this contention of mine that *pathologically* a differential classification is possible among the cases of "pneumonia" and therefore absolutely necessary.

There is certainly no doubt as to the

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Neuralgia: Cyripedin will do away with the necessity of morphine in ninety per cent of cases; solanine in the rest.

Neuralgia: Drop the term from your nosology but hold to it in your daily work and do not disdain to relieve pain.

increased mortality and of the attitude of distrust in their ability to conquer with which the physicians encounter the disease no matter where they meet it. A paper recently published from the pen of John I. Scott, M. D., of Indianapolis, gives an extended list of treatment methods, but he does not make any distinction between the types of this terribly fatal disease.

The schemes of treatment are wondrously indeterminate. Heroin is advised by some to allay cough and ammonium chloride to increase expectoration. Terpin hydrate is advised with strychnine and guaiacol by others. Still others impress upon us strophanthin and digitalin, and so on indefinitely; but they appear to make no note how truly in these cases one man's meat is another's poison. Most writers make no note of the differentiation in the types of the disease.

In 1885 the belief in the abortive treatment was still holding its own with the older men in Minnesota, Nebraska, Kansas and to some extent in Iowa, yet they said that they saw fewer abortive cases than formally and if pressed for an answer the usually obtained answer was, "Men expose themselves less," or "The towns are larger, probably the practitioners in the smaller towns with country practice see as many abortive cases as formally, but we do not because exposure is less," Such remarks as this inevitably impressed those who heard them with the notion that the type in town was changing whatever the condition in the world outside might be.

In 1892 a physician long resident in a university town in Iowa told the writer: "Twenty years ago pneumonia was a dif-

ferent disease in every way. It was a disease of exposures, people did not die of it then as they do now. If they did not die at once of the shock they had an even chance of at least getting well and many cases would be knocked down and be well again by the end of the week, but it is not so now." Many others have by word and by letter given voice to the same idea that "the pneumonia of this century is a very different disease from that known in former years by the same name to the practitioners in the prairie states and even to those in Ill. and Ohio."

In the face of such a mass of evidence as that which has been outlined here there is no excuse, not the slightest, for the nihilistic statement, "There is no treatment for pneumonia." Of course there is not as long as every disease in which a serous or fibrinous exudate into the lung cells is called pneumonia. It is as fair to say that "hypostatic pneumonia," or that sometimes seen in rheumatic cases, is the same as the "winter pestilence," as to say that all the cases making the death rate of the said winter pestilence in the United States have the same cause.

No doubt the cases in New York and Chicago are due to the same diseases having the same cause and the same pathological march, for the environment is the same, but it remains to be shown that cases so unlike clinically to those in Western country homes and these in New York and Chicago are, have the same cause. Is anyone prepared to say that the case which grieved so many recently in New York was due to the same cause as the cases two years ago at Northfield, Minnesota? This group had

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Neuralgia: A hot water bottle covers a multitude of indications; a hot mustard footbath is singularly effective.

Neuralgia: The first effect of a needed laxative is to increase the pain by rendering toxins soluble and absorbable.

a certain likeness and groups can be found almost everywhere which have likeness to each other while differing from other groups quite distinctly; differing as group from group in at least a dozen ways they are all called pneumonia, and why pray? Simply because symptoms necessarily arising from obstruction to the lung circulation and an exudation into the air cells occur in all of them. Out of a clinical picture with perhaps five points of agreement and twenty of difference the five are permitted to dominate the picture, and the diagnosis, to the exclusion of all the rest. Then the treatment which was beneficial in one group is applied to the other, it fails and we say: "There is no treatment for pneumonia possible with drugs. Give us a serum lest the country be depopulated."

This is not the part of men, let us rather study the cases, improve our diagnoses, part the type cases, and making use of the means we have, do at least as well as our fathers did before us and theirs before them. Digitalin, aconitine and strychnine with physical protection proved equal to one group of cases in Chicago two years ago, all of which were described as "sthenic". Reference has already been made to the routine of the "rural practitioners" in the prairie states. But at least let us remember that there is but the vaguest clinical resemblance between the pneumonia of a New York tenement and the usual typical pneumonia of a country palace in the West. The lung cells infiltrated in both cases (solid perhaps) but there the resemblance ends.

New York City.

## THE TREATMENT OF PNEUMONIA.

BY W. C. ABBOTT, M. D.

**A** PAPER on pneumonia was promised for this number of the JOURNAL—and promises must be kept. But I find it difficult to prepare this one now. Not that I am less interested in the topic, not that it is not needed badly—the records of the mortality in all our great cities show that the profession is not yet qualified to cope with this malady. But I have so often said my say—and would refrain now were it not that I am so well aware that only by constant iteration can a useful therapeutic method be driven into the consciousness of the doctor so it will stick.

The report of the Chicago Health Office for the week ending Jan. 27 shows that there were reported 61

deaths from consumption and 86 from pneumonia. Both are under the average, the preceding week reporting 69 and 111 deaths respectively.

Every prominent man seized with pneumonia dies—we mentally prepared Field's obituary the moment we heard he had a "slight cold." Wheeler's death was even surer. Given, a prominent man with pneumonia, a group of "eminent physicians" in attendance, each afraid to suggest any active therapeutic measure as the rest are sure to land on him with both feet, with a daily bulletin as the last straw, and the result is inevitable. Conscious that the eyes of the entire community are on them, they have more than one half their attention

Neuralgia: Gelseminine for ovarian, sex excitement, possibly dentals; give gr. 1-250 in hot water hourly till lids droop.

Neuralgia: Gelseminine only; gelsemin contains an alkaloid acting like strychnine, antagonizing the former in its best field.

fixed on the "grand stand," and the opportunities for effective intervention are unrecognized or unimproved; while the multiplicity of counsel renders the following of a consistent plan of treatment impossible.

How is the personnel of such a case made up? Generally—we have no special case in view—of an eminent diagnostician, a surgeon, a fashionable society doctor whose real knowledge of medicine is limited to the therapeutics suitable to folks to whom the doctor's visit is a welcome diversion. Neither of the others knows anything whatever about real, modern drug therapeutics—and they do not as yet realize their ignorance, but on it base their openly stated belief that there is nothing in drugs. Witness a great eastern editor who refuses to publish any article on pneumonia that admits the possibility of useful treatment (this editor has not practised for many years,) and the ridiculous statements of the "me-too" journals, editorials and otherwise, that *in their opinion there is no drug or set of drugs that has any influence whatever over the course of the disease. Bah! What Rot!*

It has been stated that when Queen Victoria was confined she set aside the great titled court accoucheurs and sent for a slum doctor, who attended very many women in such emergencies—and if this be true we do not wonder that this woman so many years retained the respect of her subjects.

That therapeutic nihilism is founded on ignorance may be shown by the following argument, stated succinctly:

Disease consists in an alteration of the bodily tissues or organs, or of their functions.

Drug remedies have the power of altering in some manner the tissues or organs of the body, or their functions.

If we recognize both the above, and know enough to fit the remedies so as to exactly neutralize the disease-effects by the drug effects, we cure the disease and restore health.

I shall welcome anyone who can point out a fallacy in the above reasoning. If they are true, the fault lies in our ignorance of pathology, or therapeutics, or both. The remedy is study and investigation to remove the ignorance; not sitting down with hands folded, or neglecting drugs to run after any and everything else, including many other therapeutic methods far less likely to give satisfaction, and no less open to objection.

The method of treating pneumonia that has been evolved by the employers of active principles has at least given them satisfaction; and the tendency to enthusiasm on the part of many of these practitioners is a phenomenon whose cause will bear investigation. Put aside the bias of prejudice and ask yourself if it is likely that failure engenders confidence in supposably reasonable beings.

Commence treatment of pneumonia by thoroughly emptying the bowels and disinfecting them. A grain of calomel and half a grain of podophyllin or of jalapin, in six half-hourly doses, followed by a sufficiency of saline laxative, will accomplish the first part of this task; five grains of the compound sulphocarbolsates will do the rest—repeated every two hours till the stools are odorless. This therapeutics is based on the fact that decomposition and absorption of the feces is extremely rapid in fevers, and the re-

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Neuralgia: Zinc and other valerianates for uterine, ovarian, nervous, hysteric women, facials, reflexed forms; to fullest effect.

Neuralgia: Give zinc valerianate, gr. 1-6 in hot water every ten minutes, till relief has been secured; or a grain at bedtime.

sultant autotoxemia is a dangerous element in the prognosis.

Without waiting for these remedies we begin at once on the main attack. This is directed against the primary vasomotor disturbance—the hyperemia of the pulmonary capillaries. If this be quelled there will be no second stage of effusion, no diapedesis, etc. Recognizing that the surplus of blood here means a corresponding scarcity elsewhere we give digitalin to contract the swollen pulmonary vessels and aconitine to relax the spastic vessels elsewhere; a granule of each every half to one hour until the effects are evident and satisfactory.

To these we add a granule of veratrine if the pulse be full and bounding, the elimination defective, the case sthenic; or one of strychnine if the case be asthenic, the patient below par, reaction deficient and the heart struggling with a load beyond its strength. As the conditions change we change with them, between these two variants, adhering throughout to the basal aconitine and digitalin, always indicated. Other remedies may be needed from time to time for special indications—emetine to loosen dry cough; codeine to moderate unnecessary and injurious cough; sanguinarine in the aged to stimulate the bronchi to throw off retained sputa; calx iodata in the declining stages to favor liquefaction of exudate; etc.

There is much in the regulation of the sick-room, the maintenance of an equable temperature, the avoidance of irritation, the use of a diet nutritious, easy of digestion and small of bulk, with a minimum of fluids; the use of a cotton jacket, and when needed of iodine to the chest; the maintenance of the aseptic state of

the bowels secured as described. If oppression is marked the fluids of the body may be reduced by small enemas of saturated salt solution, or of glycerin; either of which will drain away large quantities of water, relieving the heart of that much of its burden without lessening the strength.

There is very much in closely watching the symptoms and being ready with the remedy when needed. For instance, when the right heart is laboring and falling behind, but no addition can be made to the digitalin without unduly contracting the arterioles and thus adding to the heart's difficulties, we meet the need with a physiologic dosage of convallamarin, which acts specially in increasing the force of the right ventricle. If the sputum is so stiff that it offers a source of irritation and danger by clinging to the bronchial walls and refusing to be dislodged without excessive expenditure of force, the use of alkalis in full dose gives relief. Many such indications might be cited as appearing with more or less frequency, but these are familiar to the physician who knows practical therapeutics of the drug variety.

An acute observer, Dr. W. H. Birchmore, of New York, has recently promulgated the theory that there are at least three diseases embraced at present under the name of pneumonia. He distinguishes these as presenting primarily the conditions of vasomotor perturbation, of red softening and of gray softening. Of the first group nearly 90 per cent recovered—in fact he terms these cases abortive. Of the red softening cases 58 per cent recovered, and of the gray less than 5 per cent; the deaths numbering 122 out of 128 cases. The latter

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Neuralgia: Ergotin gr. 3 for obstinate gastralgias and other visceral forms with abdominal pulsation; single daily dose.

Neuralgia: Eyeball pains may subside under the instillation of eserine solutions; or internally for cases with dilated pupils.

comprises the asthenic cases met in the city slums, and especially those contracted while traveling. The onset is insidious, the symptoms apparently inconsiderable at first, but the progress downward is steady and almost invariable. This tallies with the newspaper accounts of Marshall Field's case. It would be well if this differentiation were studied and statistics kept; also, we look to the

bacteriologist to tell us of the infecting organisms, and especially if the influenza bacillus, joins the pneumococcus in the attack in this dangerous form. But in my own practice I have had a fair proportion of asthenic cases of pneumonia and have found them amenable to the treatment above described. The following schematic resume of the treatment may fix it more firmly in the memory.

Dominant	}	Aconitine
		Digitalin for vasomotor perturbation
Variants	{	Veratrine for sthenia and deficient elimination
		Strychnine for asthenia
		Calomel
		Jalapin } to empty bowels
		Saline laxative to flush alimentary canal
		Sulphocarbols to disinfect bowels and prevent autotoxemia
		Emetine for dry cough
		Codeine for irritative cough
		Sanguinarine to stimulate deficient bronchial sensation
		Calx iodata to stimulate exudate liquefaction and absorption
		Exosmotic enemas to drain away fluids
		Convallamarin to strengthen right heart
		Alkalies to soften sticky sputa
		Bryonin for pleural pain or effusion
		Zinc phosphide for typhoid depression
		Atropine to check secretion
		Berberine to contract relaxed connective tissue in late stages
		Capsicum to arouse vital resistance in alcoholics
		Cocaine for alcoholics' delirium
		Hyoscine for delirium and insomnia
		Ergotin for hemoptysis
		Arsenic for delayed recovery after fever
		Asclepidin for pleuritic pain

## VERBENA HASTATA IN THE TREATMENT OF EPILEPSY.

BY J. M. FRENCH, M. D.

**V**ERBENA hastata, common or blue vervain, natural order Verbenaceae, is a perennial herb, growing from three to six feet in height, having composite, lance-oblong leaves, and small blue flowers arranged in corymbed or paniced spikes. It is indigenous in the United States, and is widely distributed throughout the country, growing com-

monly by the roadsides and in waste places, and flowering from June to September. The parts used in medicine are the leaves and the root, of which the root is the more active, and is of a faintly bitter, somewhat astringent, slightly nauseous taste.

Up to a comparatively recent date, our knowledge of the medicinal properties of

**Neuralgia:** Many headaches are relieved by cannabis, which is a useful addition to any combination to break up attacks.

**Neuralgia:** Anemics all require arsenate of iron in the intervals; it may increase the pain if given during paroxysms.

verbena was derived mainly or wholly from the eclectic branch of the profession and the herbalists. To this day, no account of it is to be found in the standard works of the regular school, though it is used by a considerable number of practitioners of this school.

The older authorities classed it as a tonic, emetic, expectorant, and sudorific, and recommended it as useful in intermittent fevers, colds, obstructed menstruation, and in cases of debility and anorexia occurring during convalescence from acute diseases. They also consider it of value in scrofula, visceral obstructions, and worms.

Dr. J. M. Scudder says that it relieves irritation of the stomach and intestinal canal, and promotes digestion and secretion.

Dr. E. W. Paine states that it has been used with good results in rheumatism, gout and piles.

Dr. E. Day, of Great Tower, Ill., advocates its use for the cure of intermittent and remittent fevers, and also for the opium habit.

Dr. John W. Fyfe, in his *Essentials of Modern Materia Medica and Therapeutics*, considers that it is specifically indicated in many cases of epilepsy, obstructed menstruation, and acute catarrhal conditions.

Dr. S. M. Griffen, in a paper read before the Homeopathic Medical Society of the State of New York, advocates the use of an infusion of verbena as a specific in ivy poisoning; and his claims are corroborated by Dr. Charles Lloyd, in an article in the *Eclectic Review* for May 15, 1904. This latter writer, however, prefers the tincture to the in-

fusion, and this he uses both internally and locally.

Dr. Henry G. Piffard, in his *Materia Medica and Therapeutics of Skin Diseases*, recommends a tincture of the leaves and fresh plant for alopecia, used locally; while internally he uses it for swollen glands, and in severe headaches with sharp, ringing pains.

Felter and Lloyd describe it as tonic, emetic, expectorant, and sudorific in small doses relieving gastric irritation, and like other diaphoretics useful in intermittents, and to break up colds and restore menstruation when stopped as the result of taking cold.

Considerable interest has been aroused within a few years past in reference to its use in epilepsy. Some time in the late '90s, Dr. H. D. Fair of Muncie, Indiana, announced in the columns of *THE ALKALOIDAL CLINIC* that he had found verbena remarkably effective as a remedy for epilepsy. Soon after this, Prof. G. H. French of Carbondale, Ill. reported that he had learned that the plant possessed some reputation among the laity in this disease, and that he had tried it with success in some cases. As a result of these reports, the remedy was used by a large number of physicians in all parts of the country, many of whom reported their results in the *CLINIC*. The particular preparation at first made use of was the tincture of verbena, but a concentration, verbenin, was soon afterwards prepared by The Abbott Alkaloidal Company, each grain of which represented forty grains of the crude drug, and this was afterwards used in nearly all cases. The concurrent testimony of these observers seems to be that verbena does possess marked vir-

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Neuralgia: Sciatica, cervicobrachials, all deep-seated forms, respond to hypos of caffeine, gr. 3, with soda salicylate.

Neuralgia: Cocaine relieves habit stoppers and emotional forms, but should be cut out of the mat. med. of the neurotic.

tues in the treatment of this disease, curing some cases, or at least greatly benefiting them, while others were not helped in any way by its use. Its action is said to resemble in some degree that of *passiflora incarnata*, and it is indicated in states of nervous tension, mental exhaustion, and insomnia, acting as a soporific, antispasmodic, and sedative. These properties differ widely from those for which it was used by the herbalists—so widely, indeed, as to suggest the question as to whether *verbena* may not be another of the many drugs whose reputation depends more upon the lively imagination of the user, than upon any important property of the drug itself.

It was the use of the drug in epilepsy which first drew my attention to it, and led me to give it a trial. I did this in the belief that any drug or other agent which holds out any hope, be it ever so small, in the treatment of this intractable disease, is worthy of careful consideration and trial. My present experience with it, however, is limited to two cases, and I cannot claim that it is of any value except as it is added to the wider experience of others.

The questions which I proposed to myself were these: (1) Is *verbena* of any value in the treatment of epilepsy? (2) If so, is it curative or only palliative? (3) How does it produce its effects, and to what class of cases is it applicable? In other words, what are its indications?

CASE 1. On Nov. 7, 1902, I was called to see a woman of 60, who had been subject to attacks of epilepsy since the age of puberty, though for the most of the time the attacks had not been either very

frequent or very severe. She was a woman of good heredity and excellent habits, a widow in comfortable circumstances. As a general thing she enjoyed fairly good health in other respects; but for some months previous to my first visit, she had suffered from attacks of more than the usual frequency and severity, and these had produced a greater than usual disturbance of the nervous system and had led her to seek relief by placing herself in the hands of a well-known and competent specialist in nervous diseases in the city of Boston, who gave her the compound bromide treatment.

This method has proven, we know, distinctly beneficial in some cases, but was decidedly injurious in hers. It soon became evident that the effect of the bromides upon her nervous system was very unfavorable. She suffered from the paroxysms with greater frequency than ever before, her nervous symptoms became more marked and uncontrollable, her mind was blurred and confused, and she suffered from headache, backache, derangement of the stomach and intestines, and partial suppression of urine.

It was under these conditions that I was called to see her. I spent two or three weeks in studying the case, and in trying the usual remedies, none of which seemed to benefit her. I therefore resolved to make a trial of this new remedy. On Nov. 25, I began giving her *verbenin*, using the 1-5 grain tablets, each of which represented eight grains of the crude drug. Of these I gave her at first one before each meal, or three tablets a day; and increased by one tablet a day, until she was taking eighteen tablets a day.

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Neuralgia: Before giving the powerful narcotics in depressed cases, try a few doses of *cyripedin*, gr. 1 hourly in hot water.

Neuralgia: In depressed forms try *cyripedin* or *scutellarin* a grain of either every hour in hot water till relieved.



I also regulated her diet quite strictly, limiting the amount of food to the needs of the system, and directing her to avoid nitrogenous food, not wholly but largely. I also ordered her to avoid the use of salt as a condiment, substituting therefor sodium bromide. It soon became evident that even this small amount of bromide was injurious to her, and thereafter she did without salt or any substitute as a condiment, but I did not require her to have her food especially prepared without salt, but allowed her to partake of food from the common table. The change was distinctly beneficial to her, and she has ever since continued the practice. The bowels were kept active by means of a laxative diet so far as possible, and then by the use of cascara tablets. Elimination by the kidneys was promoted by the use of lithia tablets, one in half a glass of water two or three times a day as needed. Moderate exercise was encouraged, but all violent exertion, either of body or mind, was strictly forbidden. Other remedies were used as needed for special symptoms, but this was the dominant treatment. The patient had more than the usual intelligence, and gave me her full and hearty cooperation in the endeavor to cope with and overcome the serious symptoms which mark this disease.

On February 11, 1903, she had two light attacks. From that time until the Christmas holidays of 1904, a period of about twenty-two months, she was entirely free from the attacks, and her general health was greatly improved. The confusion of mind, the nervous weakness, the annoying headache, backache, and muscular weakness, had entirely disappeared, and the kidneys and bowels were

acting properly, so I felt encouraged.

But alas! after all this time, came a reminder of the oft-learned lesson, that while temporary improvement in a case of epilepsy is not uncommon, its permanent cure is almost unheard of. At the Christmas season she was engaged in church work, making preparation for celebrating the glad day. As chairman of a committee of ladies, she was subject to much responsibility and nervous strain—and the result was disastrous. I say the result, and yet who can tell? It may be that the outcome would have been the same if she had not been subject to these untoward circumstances. However that may have been, she did under these circumstances have several not very severe epileptic attacks, and became very much discouraged. This made the matter still worse, and I was under the necessity of casting about to find something to take the place of verbenin. This I finally found in specific solanum, which she began taking about the first of March, and continued for one month only. During this time she became worse than at any time during my treatment of her, and about the close of the month had one of the worst attacks she ever had, in which she fell, and sustained severe injury. Her head became dizzy, her mind confused, and all the worst symptoms recurred.

So there seemed nothing to do but to go back to verbenin, which evidently agreed with her better than anything else that had been tried. She has now been taking this for about six months, and during the first three she had several returns of the attacks, though none of them were as severe as those she had while taking solanum. For the last

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Neuralgia: The strongest remedy is not always the most appropriate; even though we do favor taking obstinate cases by storm.

Neuralgia: Whatever else is given, add glonoin to get quicker action; it also relaxes spasm as in angina pectoris.

three months she has been free from them, and has steadily improved. I am therefore obliged, in summing up her case, to say that there has been no cure, and that the present outlook promises only palliation. There was, however, a great improvement lasting nearly two years, and it is evident that the remedy does exercise a considerable degree of control over the nervous system, and a more favorable influence in preventing the convulsions than any other drug or agent which has been tried in her case.

CASE II. September 12, 1904, I began treating a young lady of 22, who had suffered from frequent epileptic attacks since she was twelve years of age. She was always a delicate child, and suffered from rachitis in early childhood. Bowels always loose, approaching diarrhea. No apparent connection between the menstrual function or the sexual organs and the epileptic attacks. Nor was it evident that they depended upon over-eating or derangement of the digestive organs, though it was admitted that she sometimes had an inordinate appetite. No indication of eyestrain. The kidneys acted properly, and the urine was normal. In short, I discovered nothing to point out the cause of reflex irritation, except the possibility of seat-worms, from which she had at times suffered, though but slightly. She also had stomach worms when a child, but was not known to have had any since. Soon after she had her first attack she was taken to the Children's Hospital in Boston, and was there given a careful and thorough examination, with only negative results. Heredity—one aunt had epilepsy. She seemed bright, her head was clear, and did not ache much. She

had taken much medicines of many physicians, and had last been using some kind of a bromide mixture, which seemed to have a favorable effect to some degree. The last time before I saw her, she went nine days without an attack, which was considered doing very well.

I gave her the same general directions as to diet and exercise as in the previous case, and began at once with the verbenin in increasing doses, adding the intestinal antiseptic tablet, one after each meal.

She continued this treatment for about three weeks, during which she had at least twice as many attacks as usual, and more severe. Most of the time she had two in one day, which was unusual for her. On the whole she grew decidedly worse, and I could only advise the discontinuance of the verbenin, and a return to the bromides. I further advised that she be treated for seat-worms, and this brought to light a few, but was not given soon enough or followed up long enough to settle the question of their influence in the causation of the epilepsy. She then passed out of my care, and I do not know her subsequent history.

Here then are two cases of epilepsy, with the same general lines of treatment, but quite dissimilar results. What conclusions shall we draw?

I cannot persuade myself that the entire arrest of the convulsions and the coincident general improvement, in the first case, was a mere coincidence, having no relation to the treatment, even though the results proved to be but temporary. Neither could it have been the result of any form of suggestion; for my encouragement was even less than

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Neuralgia: Glonoin relaxes spasms, as in dysmenorrhea and in cases where nephritis is present, causal or not.

Neuralgia: Many cases are uricemic as tic, and salicylic acid, gr. 1-6 every ten minutes, does good many would not expect.

had been given her by her previous physician, while his treatment resulted in positive injury. In the second case, there was not only failure to benefit, but evident retrogression; which may, however, have been due simply to the withdrawal of the bromides which she had previously been taking.

Putting my own cases alongside those of other observers, I am prepared to suggest the following tentative conclusions as my contribution to the therapy of verbenin in epilepsy:

1. Verbenin is of great value in some cases of epilepsy, while in others it is

of no value whatever, and may be even injurious.

2. At the best, verbenin is palliative rather than curative—not a remedy *for* epilepsy, but a remedy *in* some cases of epilepsy. None the less it is of value, and well worth further study.

3. As to the indications for its use, I would suggest that it is of value chiefly in those cases which are characterized by cerebral anemia rather than congestion, and which consequently are not benefited by the bromides, but rather the reverse.

Milford, Massachusetts.

## SELECTIVE ABSORPTION BY THE CELL.\*

BY WILLIAM F. WAUGH, A. M., M. D.

Emeritus Professor of Practice of Medicine, Illinois Medical College.

**T**HE blood-vessels and collateral channels of the circulation carry to every part of the human body, to every cell of the countless number that makes up our frame, one common nutritive fluid. From this each cell takes up that which it needs, letting the rest pass by. But what does it need?

If the cell is exactly equilibrated, if it stands in need of nothing, it takes up nothing. But if any element for which the cell has use is present in less than normal quantity, the cell takes up enough of that element to restore physiologic equilibrium.

There is a selective power displayed here, for the cells each take up substances differing according as their respective functions and constitutions differ. Accordingly we find the nerve-cell

taking up phosphorus, the bone-cell lime, the muscle-cell iron, etc. One cell takes a substance for which it has need, passing by other substances which other cells need and take. Is each cell a distinct, conscious entity, and is the selection a voluntary one? Or is the whole process governed by a wonderful system of complex, interdependent automatisms? There is here an enticing field for conjecture and card-house building, unrestrained by the trammels of real knowledge—the fancy may have full sway.

The substances thus absorbed from the circulating fluids by the cells are usually denominated foods. Foods may be defined as those substances required by the cells to support their structure and sustain their functions. The need may be for a molecule of fat, sugar, albumen, salt, acid, water, lime, soda, iodine,

\*Read before the Chicago Academy of Medicine. Reprinted from the *Medical Record*, Jan. 6, 1906.

Neuralgia: Delphinine is useful for obstinate facial and cervical cases; and is well worth trying much further.

Neuralgia: Brucine for hysterics and intercostal forms, especially with nervous crethism; where strychnine is too much.

phosphorus, or any other body element.

But the need is not necessarily for material always. It may be that there is a defect in tonicity in the cell, and the need is supplied by a molecule of strychnine; and in that case the cell takes up the latter exactly as it did the other substances for which a need was experienced. Or, the need may be such as is met by a molecule of aconitine, or veratrine, or digitalin—the cell absorbs what will satisfy its needs as felt at the moment.

But, these are medicines!

I would like to have a definition of foods and one of medicines that would distinguish these. There is evidently no hard and fast line between them—is there any line at all? Is iron a food or a medicine? Lime? Manganese? Acetic acid? Phosphorus? Iodine? Potash?

It has been suggested that a food is a substance the need for which is constant, while a medicine is needed only occasionally to fulfill a temporary want. The writer, like some others, has a decided craving for a meal of sauerkraut about once in a winter; but would not care for it three days in succession (it is always best on the second day, you know). The man who attempts to eat a quail a day for forty days soon finds that his need of quail is only occasional, not constant. Sauerkraut and quail therefore are not foods but medicines!

There is no definition that establishes an essential, or other than a scholastic, difference between foods and medicines.

We have seen that each cell takes what it needs, and leaves what other cells need and take. What is there impossible then in supposing that when we place several medicines, apparently antagonistic in

their action, together in the circulation, each cell may take the drug it requires to restore physiologic equilibrium, leaving the antagonistic agent unabsorbed for the cell that needs the latter? To deny the possibility of this would be to erect a dividing wall between the foods and the medicines which we have been unable to so separate.

We speak of antagonistic drugs, but in truth it is a question if there is a really and absolutely antagonistic couple in the *materia medica*. One drug may excite and another restrain a secretion, like the sweat; but it will be found that one stimulates the sudoriparous glands while the other restrains the flow of blood to the skin, or acts on some other structure to check the flow.

The importance of this discussion lies in the fact that when we come to study the phenomena of disease we find antagonistic conditions present in different parts of the body. Take as the most apt example the oft-quoted case of hyperemia: The presence of an over-supply of blood in the capillaries of any part signifies a loss of the normal tone of its vessels, which admit the surplus blood by distending. This constitutes a vasomotor paresis. But as there is no reason to suppose that the entire quantity of blood in the body has been increased, this over-supply here must be compensated by an under-supply elsewhere; in other words, there are other vessels not normally full, their lumen diminished, their walls therefore abnormally strong as compared with their contents, the balance between the centrifugal and centripetal pressures lost—they are spastic—vasomotor spasm is present.

Strongly favoring this view is the

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Neuralgias of the fifth nerve are said to be readily subdued by copper phosphate; a salt worth investigating.

Neuralgia: Nocturnal syphilitic pains are quelled quickly by iodoform, mercury biniodide, arsenic iodide and stillingium.

fact that it fully and for the first time explains the good results following the application of diametrically opposite principles in the treatment of the hyperemic maladies. How else can we explain the excellent results obtained in pneumonia, by those who use the vasomotor constrictors, strychnine, digitalis and ergot, in maximal dosage; and the equally favorable results reported by equally credible witnesses from veratrum, venesection, antimony and aconite? Especially as either of these succeeds far better than the middle course people, who do neither but rely on rest and non-interference? According to this view the one who relaxes the spastic vessels and allows the blood to flow out of the hyperemic tract, and the one who contracts the paretic capillaries and forces the superfluous blood out, equally meet the indication and afford relief.

Burggraeve went a step further, and recommended that both principles be applied at once, taking the view above suggested, that the paretic cells could take up a tonic like digitalin or strychnine, and the spastic cells a relaxant like aconitine or veratrine, at one and the same time. If this be correct, it is evident that we have here a more effective method of treating hyperemias than either principle as applied singly affords.

The *a priori* reasoning leading up to this conclusion is faultless—it remains to apply the supreme test of clinical trial. There is a mass of evidence on the affirmative side, and little if any on the negative. But it is fortunately a case in which every physician may himself be judge and jury; where no one of us may take any other man's dictum, for we may one and all put the theory to the

test of a practical clinical application.

Give together aconitine to relax spasm, and digitalin to contract atony; adding strychnine when the vital depression predominates, or veratrine when the excitement of the circulation and respiration pass the desirable limits, and the elimination is notably defective; changing from one to the other of these adjuvants as the symptoms indicate but clinging to the two first named. Give each to produce the desired effect, but not by the rigid dosage of the books. Treat the patient, and meet the conditions presenting, instead of giving a set formula for the name of the malady.

For the convenience of those unfamiliar with the agents and methods here advised, the following suggestions are added:

Of amorphous aconitine, give half a milligram, gr. 1-134, every ten to sixty minutes to an adult, until the fall of the fever or of the pulse-rate, or the evidence of breaking up of the fever, indicate a sufficiency of the remedy; then give less frequently so as to sustain the desired effect.

Of Germanic digitalin so-called—really digitalein—give a milligram, gr. 1-67, every half hour till the heart is regulated, its rhythm uniform, and the hyperemic vessels are restored to normal tone, as well as may be ascertained with our present means of observation; then regulate the dosage to the needs as with aconitine.

When the evidences of vital depression are manifest, as in asthenic pneumonias, add strychnine arsenate, half a milligram, every ten to sixty minutes until the desired evidences of restored tone and reaction are manifest; then as

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Neuralgia: Ovarian forms and sex excitement are quieted by bromides of nickel and camphor; don't overdose please.

Neuralgia: A full dose of quinine will forestall a periodic attack; small doses are useful tonics and for supraorbital cases.

before, regulate the succeeding doses according to the needs.

When the heart is tumultuous and the eliminants are clogged, as in asthenic pneumonias especially, add to the basal aconitine and digitalin the powerful and safe veratrine, half a milligram every half to one hour—much oftener in eclampsia—until the softer pulse, or slight nausea, or laxation, evidences the full desirable action; then, as before, give it less frequently. It is quite possible that we one day find veratrine indicated, and the next day find the depression so predominating that we change to strychnine; and perhaps next day go back to veratrine.

The application of such a system demands of the physician a close and discriminating study of the phenomena developing in every case. There is no prescribing *en masse*, no stretching every patient on a Procrustean therapeutics. Is such a necessity really to be regarded as an objection to the method?

What bearing would the admission of this selective action have upon the question of the status of the cell? Is the cell an independent, conscious entity, governed by its own volition, or is its function wholly directed by chemotaxis?

Let us begin with the ameba, as it is found floating free in water. Transfer it to the slide of the microscope, and we see it move, extrude its pseudopoda, etc.—an independent, complete being, its life processes and reproduction exerted by itself as a separate being and not as a part of or dependent on any other animal. There is no place at which a line can be drawn, separating these unicellular creatures governed by conscious volition, and those which are not so

governed, which dividing line is natural and evident, not arbitrary.

Place beside the ameba on the microscopic slide a white blood cell; and see if the two can be distinguished. What can be said of the one that cannot apply equally to the other? They are indistinguishable in every respect.

If we cannot draw our line between the ameba and the leucocyte, still less can we draw it between the latter when floating free in the water on the microscopic slide, and when floating in the blood serum. Change of environment does not constitute a reason for transfer from one primary class to another. For the same reason we find it difficult to make the dividing line between the free leucocyte and the same cell when it has assumed a stationary position as part of an endothelial wall. Nor between that and the epithelial cell; nor that and the other cells of the body.

The hypothesis of chemotaxis seems to be generally accepted, as the preferable working one for the phenomena of cell action; but rather from an unwillingness to admit the alternative hypothesis of independent cell volition than from any special testimony. But of the two the latter seems to be at least the most convenient, since we find writers constantly employing its language to describe the conditions presenting. And this is the more significant in that it is usually done unconsciously.

In this connection permit me to quote an account given by Major Ross of a three-hours' observation of a free flagellum in a blood preparation under the microscope: "At first it wriggled about so for twenty minutes that I could hardly follow it. Then it brought up against a

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Neuralgia: Atropine hypo., gr. 1-134, relieves sciatica, lumbago and tic douloureux; it does not need morphine with it.

Neuralgia: A hard wiry pulse, throbbing head, congestion, from colds, or stopped flows, needs just enough aconitine.

phagocyte and remained there so long that I thought the phagocyte had seized it. Not so; it was neither killed nor sucked in, but was actively engaged in attacking the phagocyte. The flagellum kept at this for a quarter of an hour, and then wriggled away in the direction of another phagocyte. Into this second phagocyte it pushed in several places with one of its ends, and the phagocyte seemed to rear up and try in vain to get around and envelop the flagellum. At last the phagocyte seemed to give up the struggle and flattened itself against an air bubble, the flagellum still attacking it. After fifty minutes and when the flagellum seemed to be getting exhaust-

ed, a very curious thing happened. A third phagocyte approached, coming rapidly across the field, but it had no sooner got near than the flagellum left its fallen foe and attacked the new one, holding on to it like a snake on a dog. In one minute the third phagocyte turned sharply around and made off; it went across a whole field, the flagellum holding onto it. This continued for five minutes, after which the flagellum left the phagocyte. By this time the flagellum had become more visible, its movements became gradually slower until, at the end of three hours, it finally curled up and ceased to move."

Chicago, Illinois.

## ALKALOIDAL THERAPY IN ARTERIOSCLEROSIS.\*

BY DR. E. MONIN.

THE sclerosis of the arteries makes always its first appearance by an invasion of the visceral arterioles, especially those of the kidneys, the brain, the heart, and the liver. This necessitates naturally perturbations of those organs. How often are not various visceropathies, or ill-defined chronic malconditions responsible for sclerosis of the arteries even in young individuals too!

The lesional condition of this disease is clearly referable to arthritism, to a retarded nutrition, the so-called bradytroph, and it is on this account that arteriosclerosis so readily coincides with gout, rheumatism, obesity, and diabetes. Then again there are the acute infections, as gripe, and typhoid, or chronic affections such as syphilis, the intoxications of alcohol, tobacco, lead, alimentary

toxins, and the like, which are in the habit, perhaps on account of a concomitant microbic action, of precipitating on the arteries the sclerotic trouble, which is inevitably produced by a wearing out of the vital powers.

No trouble hastens more the process of decay, of senility, of the general misery of the economy, than arteriosclerosis. When Cazalis pronounced half a century since his celebrated aphorism, "a person is just as old as his arteries," he foresaw this dystrophy of internal vascular irritation, which results from progressive atheromatous thickening tending to the obliteration of the arterioles.

Among the symptoms that are imputed to arteriosclerosis, figure prominently: Dyspnea, sternalgia, gastrodynia, palpitation, physico-mental instability, swelling and redness of face after dinner to-

\*From *La Dosimetrie*. Translated by Dr. Epstein.

Neuralgia: Periodic forms are amenable to aconitine and quinine arsenate in small doses repeated hourly to desired effect.

Neuralgia: Atropine is the king of spasmodic pains—sciatica, uterine, spinal, ovarian, intercostal, tic,—about all sorts.

gether with somnolence. The arteries are hard and tense, beat violently and quick. Cardiac auscultation perceives a diastolic re-echo at the aortic orifice. The urine is ordinarily abundant, limpid, and slightly albuminous. The head feels heavy, some vertigo, and there is frequently mental debility.

These symptoms creep on slowly, and the physician has to institute a vigorous, and relatively fruitful treatment.

There is a certain degree of paresis of the inferior extremities with a tendency to contractions and cramps, dull or contusive erratic pains in the masses of muscles, and exaggeration of the patellar reflexes. There are, moreover, symptoms which seem connected frequently with the loss of elasticity of the arterial walls. Other symptoms are flaccid and frequently swollen features of the face; the patient complains of some nose-bleeding; his nails become striated, thickened, deformed and brittle, especially those of the toes. We also notice alternations of constipation and diarrhea, hemorrhoidal fluxes and congestive attacks of liver and kidneys. It is also noticeable that the night rest becomes rather a cause of feebleness; the arteriosclerotic declares himself rather more fatigued on rising from than at going to sleep, principally on account of the toxemia which supervenes during bodily inactivity and sleep.

All severe diseases have their frontiers, their condition as it were in miniature; they are preceded by a sort of a visiting card. The premonitory period of atheroma, a presclerosis, is not the disease yet, and has to be regarded as a mere functional disturbance, without any material lesion. Here is a fruitful

idea from a curative view point, and especially from that of prophylaxis. This we owe to Huchard. It is the functional hypertension of the arteries, which, neglected or badly attended to at its first appearance, forms the foundation for the sclerosis of the arteries. Has not Jousé reproduced atheromatous lesions in animals by repeated injections of adrenalin, thus creating an arterial hypertension? Conversely it happens to us every day that we check the march of very severe diseases, such as interstitial nephritis, hemorrhage and softening of the brain, by striving systematically to reduce arterial pressure in the patient.

I think we give too little consideration to the action of the purins, the xanthic bases, in the pathogeny of hypertension. Gouty persons who manufacture readily xanthin, hypoxanthin, adenin, guanin, etc., have always a hypertension pulse. Then again the hypertension value of caffeine, theobromine, theophilin, (theocin), and matein, all of them vegetable bases of the xanthin series, and well represented in our stenol (a French unofficial remedy), go far in support of this plausible hypothesis. No one denies the bad action on the vascular epithelium habitually produced by the uric, lactic, and oxalic acids of arthritic patients. Urea too when thrown in too great quantities into the blood current augments the blood mass and raises the pressure. The saline hydration of the blood by the retention of chlorides seems also to be due to an analogous force. These ideas explain to us the favorable action a milk diet has on arthritics of high arterial tension, in whom it facilitates the elimination of nitrogen by the urine, the drainage of the chlorides, the lixiviation of

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**Myelitis:** No part of the system is more amenable to the influence of toxic blood than the delicate nervous tissue.

**Myelitis:** In all forms our therapy begins with the bowels—don't go too far and say that it ends there; we do not.



the purins and the neutralization of acids.

To reduce the arterial pressure and to combat functional hypertension in the first stage of arteriosclerosis I recommend the granules of potassium iodide, and of iodoform, six of each repeated three times a day after meals, with an interruption of one week every month. Under their influence we shall see that with the cessation of hypertension there will also be a cessation of the intermitting, limping, of the heart, and a diminution little by little of the viscosity of the blood by reason of an osmotic modification of the globules which will facilitate the circulation. It is to be understood that iodotherapy acts only after a long time, and can be carried on long without iodism by adding benzoates and salicylates, especially benzoate of lithia, which favor toleration of iodine.

Trinitrin, veratrine, tetranitrol, and other hypotensors will be most useful against vascular troubles. Arsenate of strychnine and strophanthin, two granules of each after meals, will prevent depression of the cardiocirculatory center, improve ventricular activity and stimulate diuresis without irritating the renal epithelia. In rheumatic and gouty persons I prefer the more the sparteine granules, ten *pro die* which regulate very well the cardiac rhythm, or the compound antiarthritic granules which have the triple virtues of an anodyne, decongestion, and antipyretic. They consist of colchicine one milligram, and half a milligram each of aconitine, digitalin, and strychnine.

[This corresponds somewhat to the antirheumatic granule, consisting of colchi-

cine, aconitine, digitalin, and strychnine arsenate of each gr. 1-134. — Translator.]

Of late years some prefer Trunecek's serum against sclerosis, which is well known not to retrograde the sclerotic lesion, and which iodine is well known to do. This serum may possibly relieve certain symptoms and allay certain disorders which are connected with neurasthenia, through an irregular irrigation of some nerve centers, such as cause dyspnea, cardiac oppression, sensation, motion, and psychoses. But to be honest, we must confess that nearly all sera are pretty nearly capable of doing the same, and that there is no specific or even special action about the hypodermic of this serum.

If arteriosclerotics aggravate their cases so as nearly to succumb prematurely, it is because they do not know their condition, and either will not or cannot adopt a regime of life which is indispensable for the prolongation of their life and usefulness. This regime consists first of all to avoid all excess of eating and drinking in order to avoid plethora and vascular tension which is always the result of over alimentation. The patients should also abstain from foods which are capable of increasing the urates and toxins; bouillons and extracts of meat which are rich in hypoxanthin; sweetbread, brain, liver, kidneys, shell-fish, the milt and roe of fishes, which are rich in nucleins; dark meat, game; preserves, pickles and marinates; fermentable pork-meats, which are surcharged with toxins; acid vegetables; spices, condiments, fermenting cheese; alcoholic beverages; tea, coffee, coca, tobacco, whose action on the coronary

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Myelitis: When syphilis has been the exciting cause it is too late for mercury when we can recognize the disease.

Myelitis: Clean and disinfect bowels; eliminate toxins; feed the feeble tissues; arouse languid nerves to activity.

plexus of arthritics is so very damaging.

Arteriosclerosis so far as the lesion is concerned seems to resemble the exaggerated production of sulphuric acid from an intense carnivorous diet. The antidote to this is therefore an alkaline lacto-vegetarian diet, above all a simplified *cuisine*, one that is alone compatible with true moderation, all refined regouts leading to intemperance and inflaming an exaggerated sense of taste.

Milk must not be consumed in the natural liquid state, which increases its fermentation almost always. It should be taken in the form of thickened gruel, or turned cream. Eggs should be eaten soft boiled; meat should be fresh, tender, well cooked and gelatinous; fowls and fish should be quite fresh and the white meat of it eaten; green vegetables should be very well cooked and not in fat; fruit should be well ripened, or made into stews; bread should be well done and stale; beverages should be watery, wines should be white; beers should be diluted with feeble alkaline waters. This is a resume of the diet. Meat should be

taken once a day—at the noon meal.

The arteriosclerotic must avoid physical efforts and lively moral emotions, the consequent cardiovascular relaxation of which is always bad for him. He should combat constipation with enemas and saline laxatives, which is not limited to regulate the evacuations from the bowels, but stimulates diuresis also and depuration, and counteracts abdominal plethora. It is well for him to take one or two cups, of a hot infusion, together with some ureol (urotropin with the benzoates of sodium and lithium) to stimulate the indispensable elimination of uric acid and urates. Exercise should be taken moderately, and always in the open air, avoiding however the sea and altitudes. Dry frictions, baths, massage, the static or the high frequency current are also frequently necessary to accelerate the metabolic combustion and assure a perfect equilibrium of the nutrition and a reasonable balance of the income and expenditures of the economy.

Paris, France.

## EXTRAVAGANT CLAIMS FOR HYOSCINE IN THE TREATMENT OF DRUG ADDICTIONS.

BY GEO. E. PETTEY, M. D.

**Q**UITE a number of articles have appeared in medical literature during the last few years advocating the use of hyoscine in the treatment of the morphine and other drug addictions. Some of these have advised its use in such large and frequently-repeated doses as to make one familiar with the effects of this drug shudder to think of the distressing condition the patient

must be brought into by such excessive use of so powerful an agent.

Some of these writers have made the most extravagant claims for this remedy, some claiming it to be an antidote for morphine, others that its use in connection with morphine prevents the formation of an addiction, others, that it is a specific cure for the morphine addiction and that, by its use, the worst

Myelitis: Twitching is stopped and sleep secured best by hyoscine hydrobromide in full dose at bedtime; gr. 1-100 average. Hypo.

Myelitis: Watch the urine closely; sustain elimination; arbutin aids much in keeping away cystitis or curing it here.

cases may be cured within a few days' time.

An article appeared in the July number of the *California State Medical Journal*, by Dr. Bering of Tulare, that may be cited as an example. He gives the clinical notes of four cases, the third and fourth of which are as follows:

CASE III. "Morphine habitue, using 20 grains morphine and 20 grains cocaine daily for a period of years, was given sixty-five one-hundredth grain doses of hyoscine during a period of two and a half days. He was discharged cured, having no desire for either drug. Pulse remained good during treatment."

CASE IV. "Patient using a large quantity of morphine and cocaine daily, was treated for three days and discharged cured."

When one reads such statements as these in first class medical journals, it makes him wonder whether the days of the miraculous cure of disease have really returned. In the writer's experience, the cure of the morphine addiction in a few days is like "learning German in ten lessons." Patients who are given such a course of treatment and discharged *cured* at the end of a few days' time find that they have about as much to contend with after their *cure* as before it, just as the would-be German scholar finds that after his ten lessons he has very much more to learn than he thought he had at the beginning. It is evident that the word *cure* as used by these gentlemen does not mean what it is ordinarily understood to mean. There is much more involved in the cure of a case of morphinism than can be done in a few days' time with any course of treatment, however perfect it may be.

In addition to the drug intoxication from which the patient is suffering, the system is surcharged with poisons, both of excrementitious and autotoxic origin. The functional activity of all the excretory, secretory and digestive organs is impaired. The blood changes are marked, the red corpuscles greatly diminished, the white correspondingly increased, patient profoundly anemic, muscles flabby and relaxed, nervous system deranged to a marked degree, mental activity impaired; in fact, the patient is greatly below par in every respect.

We are free to confess that we are old-fashioned enough to believe that in the treatment of this or any other disease it is still necessary to conform to well established physiological laws rather than to depend upon some miraculous agency to transform our patient from disease to health, therefore we do not believe that these markedly deranged conditions can be corrected in a few days' time to such a degree as to justify the patient's being discharged as cured.

The administration of sixty-five 1-100 grain doses of hyoscine in two and one-half days—a little over 1-100-grain every hour—is excessive medication and would be dangerous in many cases. I do not wish to be understood as condemning the use of hyoscine in the treatment of these addictions, because it is a remedy of great value, but it has its limitation as well as its uses. *It does not cure the morphine addiction*, as is claimed by some who advocate its use with the rashness of a new convert, but it does fill one of the most important indications in the treatment of such cases. *When properly used, after the patient is prepared for it*, it serves to carry him in

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Myelitis: Be cautious but decisive if you apply cold or heat to the spine; do the right thing only but do it strongly.

Myelitis: Of counterirritants the best is lunar caustic drawn from end to end of the spinal cord; dry eschars, deep effect.

comfort over a period during which he would otherwise suffer intensely. If the withdrawal of the opiate were all that is involved in the cure of these addictions, hyoscine might be regarded as a cure for them, but that is not all. The physician deceives himself if he thinks that merely because the opiate has been withdrawn by the aid of hyoscine and the patient has reached a stage where the administration of either drug is not longer imperative, that he is cured. He is still very weak, anemic and nervous, his system is still in a toxic condition, less so than in the beginning, but still sufficiently so to cause an elevation in the temperature of from one to three degrees, attended by aching of the limbs and back, exaggerated nervous reflexes and various other unpleasant symptoms and unless he has had something more than hyoscine given him to cure his addiction, he will soon have a diarrhea that will tax his endurance to the limit if it does not force his return to the use of the opiate.

There are several institutions in this country which depend upon hyoscine to cure their patients. These make the most wonderful claims for hyoscine, or rather for their particular combination, which in fact is nothing more nor less than hyoscine. They regard the withdrawal of the opiate as all that is involved in the treatment of these addictions and insist upon discharging their patients within eight days from the beginning of the treatment. In almost every instance such patients find that they have so many complications to contend with and are so poorly prepared to make such a fight that they soon give up in despair and return to the use of

the opiate. Many cases have come under my care with such a history.

In the very best hands, all that can be done for a patient of this class during the first week of treatment is to clear the system of retained excrement and thus remove the source of auto-intoxication, partially cleanse the system of ptomaines and other poisons of auto-origin, withdraw the opiate and bring the patient to a condition where its use is no longer a necessity. When this is done, the patient is not cured; he has only reached a point where convalescence may set in. Such a patient needs medical supervision, discipline and moral support as badly during the period of convalescence as he needed active treatment before that stage was reached.

Fortunately, such patients convalesce rapidly. They eat heartily, digest and assimilate a large quantity of food and take on flesh rapidly. If a wise supervision is exercised over them and they are required to carry out a physiological course of physical training, so as to develop all the newly acquired flesh into stout muscular fiber and tone up what they already have, in many instances convalescence may be advanced to a wonderful degree within the first thirty days. In thirty days more such a patient should be as stout as he ever was. When such a physical condition has been reached, with a corresponding improvement in the mental condition, and the patient has been off his drug and all substitutes for it for a period of thirty to sixty days, he may be discharged as cured, but I do not think the word cure should be used to mean less than that.

Some physicians who treat these cases by reduction insist upon a period of

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**Neuralgia:** Many cases need veratrine to eliminate, for hypertrophy or over-heart-action, tight pulse, or convulsions.

**Neuralgia:** The master hand is seen in using veratrine when relaxation and elimination are needed instead of anodynes.

treatment and personal supervision of from six to twelve months. I think such a protracted course of treatment is as much an extreme in the other direction as the few days' term is with those we have above considered. In the cure of these addictions, it is not only necessary to take the patient off the drug and put him in good physical condition, but, if he is to be permanently cured he must be made independent of all drugs. During a long course of treatment, supervision and at least partial restraint, the patient does not develop independence or self-reliance, but continues to depend upon his physician and upon the remedies he is taking. His volition is restricted and his own will is not the controlling force from which his conduct springs. In fact, a protracted course of treatment, supervision and restraint in patients of this class who are already abject slaves to a drug, tends to perpetuate a condition of invalidism and dependence from which the patient seems powerless to extricate himself.

In my experience, patients of this class who have been taken off their drug by a proper method and have been developed into good physical condition, as rapidly as it may be done, are in safer condition to be thrown on their own resources by the end of six to eight weeks after the drug is withdrawn than they are

if kept under treatment and restraint longer. At this period, time has not materially obliterated the memory of their former abject slavery, they are supremely happy in the realization of their freedom, in contemplating the desirable things that life may have in store for them since they have another opportunity to enter upon their acquisition. They are full of hope, buoyancy and ambition; the world and all that is in it presents to them a new and bright aspect. At this floodtide they are in a better condition to be thrown on their own resources and to establish themselves securely in a safe relationship to all things that might tempt them than they are if kept under restrictions until this tide begins to ebb.

To those who are seeking the truth in this matter I would say: Do not accept the miraculous claims of the three-day cure men on the one hand, neither swing to the standard of those who insist upon a period of from six to twelve months' treatment and restraint. There is a middle ground, a reasonable position, where the truth may be found. Remember that miracles are not to be expected and that restraint does not develop the self-reliance, upon which the patient must finally depend and without which man is mere driftwood.

Memphis, Tennessee.

## THE THYROID GLAND.

BY H. D. CHAMPLIN, A. B., M. D.

**T**HERE is nothing new under the sun," and the use of the "animal organs" in the practice of medicine dates from the earliest times: Plinius states that the Romans and

Greeks used the testicles of asses and even the semen for impotence. Spiders have from time immemorial been utilized, and in West Sussex, England, even today some of the old prac-

Neuralgia: Visceral forms, sexual and other excess cases, do well on strychnine valerianate pushed carefully to full effect.

Neuralgia: Strychnine is the best all-round remedy to give in the intervals to prevent recurrence and for relaxation.

ticians in bad cases of jaundice prescribe a live spider rolled up in butter and swallowed as a pill.

The Albanians use the testicles of the deer for amenorrhea and in the sixteenth century Paracelsus recommended the spleen for the same condition. Dried mouse and lizard are common remedies among the Chinese physicians, and to antidote snake bites the native African has recourse to the liver of snakes externally as well as internally.

Galen and Avicenna secured greater professional repute as successful physicians than is possible in our period, and, were their famous prescriptions to be given now, it seems quite certain that more patients would succumb than receive benefit from their use. Yet in their time these prescriptions were employed with seemingly marvelous success. Do these facts suggest an absence of stability of medication, or only the presence of its fallacies?

In the second edition of a small book published in 1692, denominated the "Choice of Remedies," is found this prescription for "Convulsive Fits" and "Hysterical Vapors": "Take the liver of a hare (if it has been hunted it may be better) and hang it up in a dry place till it is somewhat friable, having a care that it is not putrific; of this, reduced to powder, let the patient take two or three scruples at a time, in any convenient vehicle." Also we find another for cure for cancer of the breast: "Take the warts that grow on the hinder legs of a horse, dry them gently till you can reduce them to powder, of which you may give half a dram for a dose in any convenient vehicle.

In modern times Brown-Sequard has

done some interesting and scientific work along the line of organo-therapy, and although the laugh of derision, and much sarcasm followed the suggestion of using "testicular juice" for rejuvenating "senile fossils" and "human archeological specimens," yet today we find medical literature flooded with testimonials and statements of wonderful cures of "tabes" from the use of "goat orchitic extract." But through the work of so eminent a scientist as Brown-Sequard others began to make investigations along the same lines and today we have two glands—the thyroid and the adrenals which have taken their place in our materia medica.

Time, further experimentation and careful scientific work may prove the value of such glands as the pituitary, the ovaries, the thymus, the brain and spinal cord, the parotid, the liver, kidneys, lymphatic glands and the mammary.

The thyroid gland has proved to be of the greatest importance as a regulator of the general metabolism, interference with its function producing cretinism, infantilism, myxedema and Basedow's disease.

#### DEVELOPMENT AND STRUCTURE.

The thyroid gland is developed in the human embryo in three parts; one median and two lateral.

The median is an invagination of the floor of the pharynx, and is formed between the ventral ends of the second visceral arches.

The two lateral are developed from the posterior wall of the fourth visceral cleft. The union of the three takes place about the seventh week. The important fact impressed upon us is that the thyroid

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Neuralgia: Arsenic is useful to break up the habit of pain; and in various forms for many varieties and indications.

Neuralgia: Quinine arsenate is a good tonic and for malarial forms, supraorbitals, give up to a grain a day or more.

gland is developed primarily as an outgrowth of the pharyngeal hypoblast, and in some lower animals this connection with the pharynx is still maintained.

Andriezen (*British Med. Journal*, September 23, 1893) calls attention to the fact that the thyroid gland is represented in Ascidians (pitcher plants) by a mass of glandular tissue and in *Amphioxus* (fish tapering at both ends; viz., the lancelet) by a hypobronchial organ which pours its secretion directly into the pharynx.

In higher forms (such as fishes) the gland is embedded in the surrounding tissues, but the duct which communicates with the pharynx still remains. Thus both the ontogenetic and phylogenetic histories clearly show that the gland as we now find it in man is descended from the secretory gland which originally was provided with a duct through which the secretion passed into the pharynx, just as the secretion of the salivary glands still flows into the mouth.

From this we can easily deduce the explanation why the activity of the thyroid secretion is not destroyed by passing through the stomach, but can still produce all its usual physiological effects when swallowed and absorbed from the alimentary canal, as it was in all probability by our remote ancestors.

This mode of evolution seems to indicate that the ductless gland with an internal secretion is a higher stage of development of a duct gland with an external secretion.

The fully developed gland is highly vascular and consists of three parts; two lateral lobes and the isthmus which unites them; the two lobes are closely applied to the sides of the larynx, and trachea,

covering the recurrent laryngeal nerves posteriorly; and are covered anteriorly by the sternohyoid, omohyoid and the sternothyroid muscles. Latterly they extend outward and cover the carotid arteries. These lateral lobes are somewhat almond shaped, being more pointed and narrower at the upper end. The lower end lies on the fifth or sixth ring of the trachea, while the upper is generally on a level with the middle of the thyroid cartilage. The isthmus usually lies across the second and third rings of the trachea.

In many cases (40 to 68 per cent) a slender conical process ascends upward from the isthmus to the hyoid bone, to which it is attached by fibrous or muscular tissue and is designated the pyramidal or middle lobe. When freshly removed the gland is of a dark red-brown color. It usually weighs from an ounce to an ounce and a half. Each lobe measures about two inches long (50 mm.) and an inch and a quarter broad (30 mm.) and three-quarters of an inch deep (18 mm.) The right is generally a little larger than the left. The isthmus is about one-half an inch broad (12 mm.) and from a quarter to three-quarters of an inch deep. Anomalies of the gland are common, viz., inequality in size between lobes, absence of one lobe, and irregularity and absence of isthmus, etc. The gland appears to be smaller in females than males, increasing in size during pregnancy and menstruation.

The blood supply is rich, being poured into the gland through the superior and inferior thyroid arteries on each side (from external carotid and subclavian) and sometimes the thyroidea ima (from the arch of the aorta). These arteries

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Neuralgia: Arsenic iodide is the remedy for intervals of angina pectoris; gr. 1-67 four times a day for six to twelve months.

Neuralgia: The neuralgias of frigid, anemic, amenorrheic women are helped by iron arsenate, gr. 1-6 four times a day.

are very tortuous and are remarkable for their anastomoses and large size, and finally end in a capillary network closely surrounding each alveolus. The capillaries come into close relationship with the epithelial cells.

The veins form a plexus in front of the trachea, from which, on uniting they form the superior, middle and inferior thyroid veins on each side. The two first empty into the internal jugular, the latter into the innominate veins. The nerves are derived from the middle and inferior cervical sympathetic ganglia and accompany the blood vessels. The lymphatics form numerous large anastomosing trunks in the substance of the gland and also upon its surface. They originate in the connective tissue; colloid substance is at times found in them.

#### HISTOLOGY.

Externally the gland is invested by a firm fibrous capsule which connects it with the adjacent parts, from which septa extend inward, partially dividing it into small lobules of irregular form and size. Upon division a yellow glossy fluid, colloid, exudes from the cut surface. In its substance are imbedded multitudes of closer vesicles which vary in size and shape. In the great majority of the vesicles, there is a single layer of cubical or columnar epithelial cells, surrounding a central area filled with their secretion, the colloid substance.

Two kinds of cells are found in the epithelium, the chief cells and the colloid cells. The chief cells are the most numerous and contain highly refractive bodies which Bozzi considers to be colloid substance; they also contain finer bodies which Babes and others state to be the pigment from the destroyed red

corpuscles. The colloid cells are smaller and lie in irregular groups between the chief cells, from which they are probably derived. They possess a nearly homogeneous protoplasm more deeply colored, not unlike the colloid substance in appearance. They are also distinguishable from the chief cells by the readiness with which they take up those staining fluids which also stain the colloid substance in the center of the follicle.

#### PHYSIOLOGY.

Physiologically there is much uncertainty regarding this gland and its functions. It has been studied chiefly by the indirect method of observing symptoms after removal of the gland from animals and some cases in man, when the operation was performed for disease.

From their resemblance to various pathological conditions in man, the symptoms produced by extirpation of the gland are of intense and profound interest to us, and have been the means of our recognizing many obscure diseases as being the result of cessation or perversion of function of the glands.

The first most noticeable symptom on its removal from dogs is vomiting and dysphagia, showing a derangement of the functions of the medulla oblongata. The vomited matter consists of bile and mucus; anorexia is often present. Trophic disturbances may appear in the form of excoriations, especially in the articular regions of the fore and hind legs, which suppurate and are impossible to heal up. Muscular paresis and partial paralysis are among the earlier symptoms.

Spasms affecting all the muscles of the body are of very frequent occurrence. This condition lasts for two or three days when a violent general convulsion

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**Neuralgia:** Arsenic bromide enables the anemic brain to bear the needed iron; give gr. 1-67 up to seven times a day.

**Neuralgia:** Zinc phosphide is a powerful means of breaking up an obstinate; give gr. 1-6 four times a day distant from meals.



may occur with a tendency to tetanus. At this time the respirations are very much increased, 220 per minute, and with it comes increase of temperature 105.8, 107.5, 110° F. Between the attacks the temperature has been seen to show a fall of 4° below normal.

Robert Hutchinson (*British Medical Journal*, July 16, 1898) says: "The effect of the administration of the thyroid is to increase oxidation in the body; it makes the tissues more inflammable so that they burn away more rapidly. The products of the disintegration of the nitrogenous tissues appear in the urine almost entirely in the form of urea, uric acid; the xanthin bases being neither regular nor appreciable increased while the product of the fat destruction are eliminated as CO<sub>2</sub> by the lungs, and water by the kidneys.

Vide. "Another important effect is to hasten cell activity; under its influence the life history of a cell is carried quickly to its completion, and this may be the reason it does good in such diseases as myxedema and cretinism."

Sajous, Internal Secretions, states: "Certain metabolic processes are going on normally in the organ, and in its absence the interruption of the normal sequence of chemical change would throw upon the circulation certain strange substances which, acting like a poison, might produce the nervous symptoms, throw into disorder the nutrition of various tissues, and finally bring about death, and again we can explain cases where symptoms are absent by supposing for reasons thus far unknown, "things have taken a different turn." The particular poisonous substances have not made their appearance, but innocuous ones have taken

their place, and we know how slight a change in chemical composition may turn a poison into an inert body.

C. Parhon and M. Goldstein (*Archives Generales de Medicine*) review the subject of the relations of the ovarian and thyroid secretions and maintain that a very marked physiologic antagonism exists between them as regards their action on the organism. In support of this opinion they refer to the increase of the thyroid gland as frequently observed at the menopause; the facts that the thyroid seems to favor the normal growth of the osseous system, as shown by its defective development in myxedematous cases, and the contrary action of the ovaries in osteomalacia, as shown by the good effects of castration in that disease; the evident antagonistic action as regards the adipose development, the thyroid secretion being an anti-fat agent, and the normal ovarian functions tending, to a certain degree, toward the growth of adipose tissue. The thyroid favors the growth of hair, which is suppressed to some extent by the influence of the ovaries, as shown by the appearance of hairy growths at the menopause, and their action is also contrary as regards the effects on the circulatory system, the thyroid accelerating the pulse and increasing tension, while the ovarian secretion, they claim, has the opposite effect.

They also find antagonisms in the regulation of the secretions, in the nutritive metabolism, the output of urates, phosphates and chlorides, and the elimination of calcium, arsenic, and iodine. The therapy of Graves' disease and chlorosis is also brought into the argument, both being considered by the authors as dependent, at least in many cases, on exaggeration

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Neuralgia: To make a strong impression begin with zinc phosphide, quinine and iron arsenates, gr. 1-6 each; for one week.

Neuralgia: Do not give phosphide in plethora, cases due to cold or inflammation; nor continue it over one week each month.

or perversion of the thyroid functions. The question as to whether there exists a similar antagonism between the testicles and the thyroid is suggested as one deserving special study. The authors consider that many facts, such as the effect of castration on the bony growth and the hairy development when performed on young individuals strongly point toward such antagonism.

The influence of the thyroid secretion on the morphology of the organs of generation in both sexes has been demonstrated by many observers. From time immemorial the idea has been promulgated that the thyroid enlarges at the first menstruation; in some women each period producing as appreciable enlargement of the gland. A suppression of the menses often produces a swelling of the gland which disappears when the flow is reestablished. During the rutting season of various animals—dog, cat, rat, sheep and deer—the gland has been found enlarged.

The effect of the thyroid development on puberty is of great importance. Broca (Goitre and Cretinism, 1891) states that in the complete cretin puberty is never established. The reproductive functions are nil and sterility is absolute, while arrested development of the sexual organs is almost a constant symptom of infantilism.

In cretinism, and especially in infantilism, the increase in the development of the sexual organs under thyroid treatment is very marked. From the therapeutic standpoint, it is well to note, that the increase in size of the thyroid gland is anterior to the development of the sexual organs.

During pregnancy the gland enlarges;

where it does not, Lange found albuminuria and experimentation confirmed his theory, "that relative insufficiency of the thyroid has an influence on the kidney."

The most evident and best-known functions of the thyroid are those connected with the processes of metabolism and with certain nervous phenomena, but it is also certain that the thyroid has a marked influence on sexual functions, particularly in the female. The swelling of the gland during menstruation, sexual activity and pregnancy, its relatively greater size and much more frequent disease in the female, are all evidence of this influence. Myxedematous patients are usually sexually inactive, and cretins generally fail to mature, although rare instances of pregnancy in cretins have been reported. As the thyroid does not normally functionate to any considerable extent before birth, the mother is called on to furnish thyroid secretion both for her offspring and for herself. Halsted observed that puppies whose mothers had been deprived of most of the thyroid before pregnancy had very much larger thyroids at birth than normal puppies, indicating an attempt at compensatory hypertrophy. Certain clinical observers have believed that the thyroid has an important relation to eclampsia, stating that in eclamptic women the hypertrophy of the gland which is normal during pregnancy is usually absent.

During his numerous experiments on the treatment of exophthalmic goiter with the serum and milk of thyroidec-tomized goats, Lanz has had occasion to observe the effects of thyroidectomy on a large number of such animals. Goats, like all herbivora, seem to need the thyroid much less than does man or the

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Neuralgia: Probably—not certainly—zinc phosphide affords all benefit derivable from phosphorus; tell us about it.

Neuralgia: Macroton relieves forms due to cold, ovarians, of the fifth nerve; give gr. 1-6 to j every two hours; hot water.

carnivora, for they can live long without a trace of thyroid tissue, yet even in them the sexual and reproductive capacity is greatly decreased when the thyroid is missing. A large proportion of them show no sexual activities, many of the others do not become pregnant, or else abort, and the number of offspring that can be obtained is small. Such offspring are very abnormal, being small, poorly-formed weaklings, seldom maturing sexually and showing many of the features of cretinism. It is well known that cretinism is particularly likely to occur in the children of women with diseased thyroids, and is hence most prevalent in the districts where goiter is endemic.

From these studies it may be deduced that the thyroid extract has a field of usefulness in certain conditions related to obstetrics and pediatrics other than frank cretinism and myxedema. In women with goiter who become pregnant the advisability of cautious use of thyroid extract to supplement the function of the diseased organ during this period of increased demand is worthy of careful consideration. So, too, in the cases of children of either sex in whom maturation is unduly delayed, the possibility of deficient thyroid function exists, and offers a rational ground for thyroid medication, even when there may be no definite evidences of cretinism. Such treatment needs always to be undertaken with great caution and careful observation, for thyroid extract is by no means a simple and harmless agent—it must always be administered with a careful eye on physiologic conditions which it may profoundly modify. The administration of thyroid in large doses produces a condition known as thyroidismus, resembling

in many points the symptoms of Basedow's disease.

The tremors, rapid pulse, mental depression, diagnostic of Basedow's disease are almost invariably produced by over doses of thyroid.

Ewald has given a detailed account of symptoms noted in numerous cases from large doses; viz., "Palpitation of the heart; rise in temperature, pulse rate increased to 100, 120, 140. Tremors, insomnia and headache, eructations, loss of weight and complete anorexia, thirst, dizziness, pruritus, urticaria, eczema, mental depression, precordial anxiety, maniacal symptoms, usually of a melancholic type with suicidal tendencies."

Christian (*Revue Medicale*, December 20, 1900) found that properly transplanted thyroids continued their functions and that they presented their morphological characters without showing any tendency to atrophy. Such glands continue to produce their colloid material and form new vascular connections: all facts which have been verified by Horsley, Cannizzaro and Schiff. Murray and Ewald were among the first to point out what is now universally acknowledged, that the thyroid gland represents an organ indispensably necessary to the preservation of life, and that there are two views concerning the manner in which the thyroid exercises its influence upon the economy.

(To be continued)

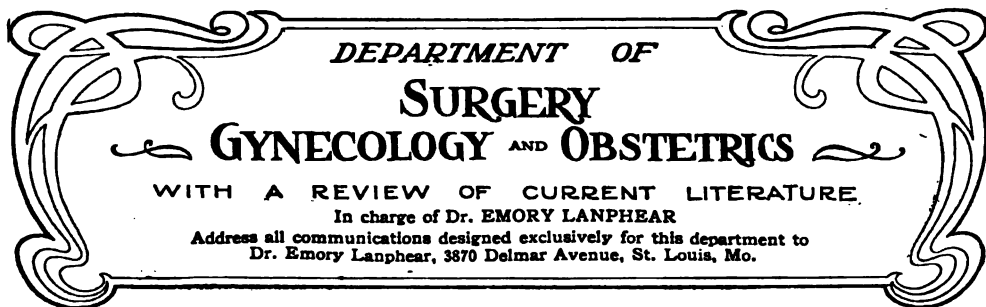
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In the concluding portion of this interesting article Dr. Champlin will tell us of the many therapeutic applications of this remarkable remedy. Organotherapy is winning laurels, as shown, for example, by the use of lecithin.—Ed.

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Neuralgia: All remedies for quick effect should be given dissolved in very hot water at short intervals till effect.

Neuralgia: Remedies for the intervals should be given in four doses daily in granules; at least not in hot solution.



## RETROVERSION OF THE NULLIPAROUS UTERUS.

BY CHARLES ROSEWATER, M. D.  
Professor of Obstetrics in Creighton Medical College.

**D**ISPLACEMENTS of the uterus occur with greater frequency in the nulliparous than would be supposed from the meager mention of the subject in text-books and other literature. While they are by no means as frequent as in those who have borne children, they occur with sufficient frequency to merit our careful consideration.

Normally the uterus occupies a position midway in the pelvis, suspended by a number of bands and ligaments with the bladder in front, the rectum in the rear and the broad ligaments to either side and supported from beneath by the vagina, pelvic floor and perineum. In health it has freedom of motion both forward and backward as well as upward and downward to accommodate itself to the varying conditions of the adjacent organs. When the rectum is distended the uterus is pushed forward in the pelvis; when the bladder is full the uterus is pushed backward. If it were not for the support of the various ligaments and particularly of the vagina and pelvic floor the uterus would sink downward under the weight of the loaded bowels. That this does occur nearly universally when these supports are weakened or

destroyed is demonstrated by the frequency of descent and prolapse in those who have sustained injuries of the pelvic floor in childbirth and otherwise.

The virgin uterus, however, with its still intact vaginal and perineal supports and its ligaments not strained and weakened by the extra burden of pregnancy, has less opportunity and inclination to change its position. The latter is a slight ante flexion normally.

A loaded bladder may bring on a backward inclination of the uterus without the condition being an actual displacement to merit the name of retroversion or retroflexion. But when to the influence of a loaded bladder is added a sudden jar or fall, we often get a retroversion which may be slight but more frequently is quite severe from the start. This is usually attended by sharp pelvic pain, vertigo, and sooner or later a feeling of pressure in the rectum associated with inability to empty the latter.

I have seen cases presenting all these symptoms and pointing indisputably to a uterine displacement overlooked and treated for every other condition, the physician, most frequently out of modesty and a laudable desire to spare the feelings of the patient, not even making

an abdominal or a rectal examination. I believe the physician should make such an examination of every patient under his care as will lead to a clear knowledge of the probable conditions present, due regard being taken to respect the feelings and modesty of the patient, but not neglect her on these grounds.

In many instances in virgins a digital examination made through the rectum with the hand exercising counter pressure through the abdomen, will reveal the uterine conditions without having to violate the sacredness of the vagina. When severe local conditions can not be clearly outlined in this way an examination per vaginam should be made under anesthesia as delicately as is consistent with obtaining exact data of conditions present.

I remember a case of hystero-epilepsy reported a number of years ago at the American Medical Association in which the author stated that the patient had been treated by all manner of therapeutic agents, even by men of wide reputation, without local examination of the genitals, until the author on making such an examination discovered a retroversion of the uterus which being replaced led to immediate and permanent relief of the hystero-epilepsy.

A case came under my observation a few years ago of a young lady about twenty-one years old, who suffered from severe headaches, pelvic pain, dysmenorrhea and fainting spells, in which by rectal examination I found a retroverted uterus. There must have been some pelvic inflammation as when an attempt was made to replace the uterus by local pressure in the knee-chest position such excruciating pain was experienced

that morphine was necessary to relieve it. When I asserted that the patient must have sustained a fall she denied having met with any such accident. I was discharged and two other physicians engaged who pronounced her case rheumatism and were allowed to treat her for six months along that line without any material benefit. In fact, the girl became helpless, and two years afterwards her mother came to me and confessed that the girl had acknowledged having fallen from a street-car shortly before her trouble began. The girl is still a bed-ridden invalid but I have not seen her for over three years so can give no account of her present condition.

In many of these instances, just as above, the patient has no recollection of a fall or injury at the time the subject is first mentioned to her, but later on she remembers a fall which at the time of its occurrence was thought to be only of trivial significance.

As time elapses the pelvic pain may subside only to recur frequently. The patient complains of constipation with frequent desire to evacuate the bowels, but when the attempt is made, inability to satisfy that desire is experienced. Sometimes constant pressure is felt in the rectum, at others this symptom is wanting. At the next menstrual period if this does not intermit or become irregular (as is frequently the case under such circumstances) she experiences dysmenorrhea, cramps.

Several years ago I was called to a young lady, seventeen years old, who while riding on a bicycle had a fall. During the same ride, which occurred on a hot summer day, she drank several glasses of ice water while overheated.

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*Jonquils perfume every garden, mirth and laughter fill the air, Mardi Gras here in New Orleans—.*

In gastric dilation coma appeared whenever fermentation was excessive and vomiting ceased; every five weeks.—Alba.

So when she was taken with vomiting, vertigo, severe griping and fever and tenderness over the entire abdomen, the diagnosis was in doubt for several days. Appendicitis was suspected, but there was as much tenderness on the left side as on the right. Ice applications, restriction of diet, and absolute rest resulted in the disappearance of all the symptoms except the vertigo and pelvic pain. Now, another symptom which had been overshadowed by the others up to this time appeared, namely, pressure in the rectum. Rectal digital examination revealed the uterine fundus tipped backward and pressing directly upon the anterior rectal wall. Immediate and complete reposition was out of the question on account of the extreme tenderness of the parts. So I ordered the patient to fill the rectum daily with warm water while in the knee-chest position. In the course of about a week the uterus gradually assumed its normal position and the attacks of vertigo disappeared.

Several months ago a young lady eighteen years old, presenting the appearance of rugged health, called on me with a history of pain in the left iliac region, attacks of vertigo and constipation, and pressure in the rectum. Her troubles were only of about ten days' duration, but during that time another

physician on whom she had called, gave her a physic and some indigestion medicine without making a careful examination to ascertain the underlying trouble. The constipation and rectal pressure led me to make a digital rectal examination and I found a retroverted uterus. She could not recollect any accident but when on the next morning I called at her home to try reposition of the uterus in the knee chest position after a copious flushing of the bowels with warm salt water, the mother told me that the patient had fallen while alighting from a street car two weeks previously. On first attempt reposition was impossible, but the patient was ordered to fill the rectum full of warm water twice daily while in the knee-chest position and at the end of a week I was able by pressing the fundus upwards from the rectum and the cervix downwards through the abdominal walls to replace the uterus. She obtained complete relief from all her symptoms and has remained well ever since.

It is to the diagnosis of this condition in virgins and the very simple method of treatment outlined above that I wish to call attention. More complicated methods of treatment of ultra displacements will be the subject of some future paper.

Omaha, Nebraska.

## **CELIAC OR SPLANCHNIC (SLOCUM) PAROTITIS.**

WITH RECORDS OF THREE HITHERTO UNREPORTED CASES.

BY W. A. NEWMAN DORLAND, A. M., M. D.,  
Associate in Gynecology, Philadelphia Polyclinic, etc., etc.

**I**N an able article which appeared in *Annals of Surgery* for December, 1904, Dyball proposed the term Celiac Parotitis for that very rare complication occurring subsequently to an ab-

dominal or pelvic operation, namely, tumefaction with or without suppuration of the parotid gland. Professor Harris A. Slocum, of the Philadelphia Polyclinic, has suggested that as the parotitis

Among intestinal toxemias Huchard mentioned dyspnea with arrhythmia and a slight apical murmur.—Field.

Tedeschi noted 7 cases of heart pains, dyspnea and sense of impending death, due to intestinal autotoxemia.

in these cases results not merely from surgical invasion of the peritoneal cavity but from splanchnic manipulation or from some obscure interference with the visceral functions, a still more appropriate term would be "splanchnic parotitis." This suggestion is very *apropos* and one which we can heartily endorse.

From a study of the scanty literature of the subject we are forced to conclude that parotitis ranks with embolism and venous thrombosis among the very rarest of the operative sequels of abdominal and pelvic surgery. So rare is it, indeed, that Morley, of Michigan (*American Gynecology*, December, 1902), in 1902 could gather but fifty recorded cases of the complication from all surgical literature. Since then, as far as I know, but three additional cases have been noted, and these are reported in this paper for the first time.

As to the etiology of the condition we are as yet lost in a sea of uncertainty. The general belief among the surgeons today is that it is a manifestation of sepsis acting remotely from the point of infection. This is probably erroneous. The neurotic or sympathetic theory, which presupposes an intimate though occult nervous connection between the parotid glands and the generative organs of both males and females, does not afford a satisfactory explanation for most of the cases that have been recorded.

This theory has numbered among its endorsers some eminent operators, including Stephen Paget in England, William Goodell in this country, and Bumm in Germany. The strongest argument advanced by these gentlemen in support of their theory has been the reversed process of ovaritis occurring

consecutively to the true infectious mumps. This will not stand a close investigation, however; for if only the nervous relationship existed to explain the post-operative cases of parotitis, the query would naturally arise, why should not an ovaritis or salpingitis in the female or an orchitis in the male, of traumatic or gonorrheal origin, be frequently associated with a sympathetic parotid bubo? As a matter of fact this association does not exist clinically, although hypothetically such a complication should be frequently noted.

That there is some peculiar sympathetic relationship existing between the cervical and facial glands and the abdominal and pelvic viscera cannot be controverted. The swelling of the thyroid gland during pregnancy and at the menstrual epochs is a well-recognized phenomenon. Contrariwise the pronounced constricting influence of the thyroid and parotid-gland extracts upon the uterine mucosa and muscularis has won for these organic extracts a well-deserved place in uterine therapeutics, notably in the treatment of hemorrhagic endometritis, metrorrhagia and uterine fibroids.

The most distressing symptom after every abdominal section is an insatiable thirst associated with stomatic dryness. This can be satisfactorily explained only by some reflex inhibitory action exerted upon the salivary glands by the abdominal incision and peritoneal and visceral exposure. The same scantiness of the salivary secretions has been noted in certain ovarian cystomata and in other ovarian disorders, while the contrary condition of hypersecretion by the salivary glands occasionally consti-

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Mania, delirium with delusions, improved when free purgation was secured; due to intestinal autotoxemia.—Bond.

One author is astonished to find so many poisons in the alimentary canal and so few toxic accidents.—Field.

tutes an unpleasant accompaniment of gestation, and has also been noted by veterinarians, in association with cervical glandular enlargement, in bitches, and other animals during the breeding time.

These are all verified facts, conclusively demonstrating the existence of some as yet unfathomed reciprocal influence exerted by these remote anatomic structures upon each other. They do not, however, afford a satisfactory explanation for the limiting of an inflammatory process of the parotid gland to a very minute proportion of abdominal and pelvic surgical lesions.

More satisfactory than the neurotic theory, although we must admit that it does not explain completely the intricacies of the condition, is the toxic theory. Dyball's conclusions appear to cover the matter as thoroughly as our limited knowledge of post-operative parotid involvement will permit. He states his belief about as follows:

Most probably celiac parotitis results from the action upon the parotid glandular substance of peculiar toxic bodies which have been absorbed into the blood. These toxins may originate in one of three ways:

1. They may be secreted by certain organs which have been altered in their function by traumatism or by pathologic processes.
2. They may be toxins of microbic origin, as from the bacillus coli communis, which have been absorbed either from the alimentary canal, the peritoneal or uterine cavities, or the bladder.
3. They may be the products of a disturbed digestion.

This theory presupposes the presence in any given surgical operative proced-

ure upon the pelvic or abdominal organs of certain pathologic bacteria in sufficient quantities or virulence to generate toxins, the action of which the devitalized tissues cannot successfully resist. This local pelvic or abdominal infection may be and probably is due not to defects in technic, but to the action of pre-existent germs, as the bacillus coli communis, upon tissues the resisting powers of which have been reduced by the manipulation or traumatism necessary to the operative procedure. No positive conclusion as to the accuracy of this theory can be deduced until sufficient careful bacteriologic investigations have been made in a number of these interesting cases. As a working hypothesis, however, we may agree with Dyball that it may be accepted until some more worthy theory or positive information can be had.

Analogous to the foregoing theory, and it seems to me equally as plausible, is that recently presented to me by Dr. Francis A. Faught of this city. He suggests that like the pancreas the parotid gland, in addition to its function of supplying a digestive fluid, is probably associated with the processes of internal metabolism, either producing or destroying some as yet unknown substance present in the human economy. It is probable, therefore, that as disturbance of the function of the pancreas gives rise to diabetes a corresponding interference with some of the structures in the pelvis or abdomen may so alter reflexly the function of the parotid glands that they become a ready prey to the numerous microorganisms existing in the mouth. This view is strengthened by the fact that recent investigations by

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Nicotine placed in an animal's bowel did not poison it till the portal vein had been tied; the liver arrests poisons.—Schiff.

Urine does not remove all toxins secreted by liver; most is neutralized in intestines, liver, tissues, blood.—Bouchard.



Michaels in Paris, and Kirk, Faught and others in Philadelphia, have demonstrated that the function of the parotids may be profoundly altered in certain constitutional diseases, as gout and pyorrhea alveolaris.

The one structure, or chain of structures, which may be influenced either directly or indirectly in operations within the pelvis are the pelvic lymphatics. These structures, even if they be not directly handled are disturbed through stretching of contiguous structures or through pressure upon the nerves and blood-vessels in their vicinity. Faught believes, therefore, that one at least of the causes of celiac parotitis is disturbance of the pelvic lymphatics, whereby some product of their activity which is essential to the health of the parotids is modified so that these glands fall easy victims to bacterial invasion from the mouth. The question is certainly one of unusual interest.

The case which occurred in my own practice is unique in that it is the only one recorded as occurring subsequently to an obstetric operation. In August, 1904, I saw in consultation with Dr. J. E. Roberts, of Lansdowne, Pa., a young primipara, Mrs. B., who, in the last weeks of her pregnancy was suffering from marked renal inadequacy. Her limbs and face and the labia majora as well were considerably swollen, and during the twenty-four hours previous to my visit she had almost total urinary suppression, but 3 1-2 ounces of urine having been removed by catheterization. At intervals the patient was flighty, and her temperature had risen to 101° F. Upon my advice a sterilized French bougie No.

17 was introduced. The following morning her temperature had fallen to 98° F. but she was quite drowsy. There were no labor pains during the day. The uremic symptoms persisted, and in the evening the patient had a chill which lasted for twenty minutes, the temperature subsequently rising to 100.4° F.

This was followed by a profuse perspiration over the entire body, and a pronounced amelioration of the uremic symptoms. But 2 1-2 ounces of urine were removed during the night. The following morning the drowsiness had returned. A scanty sanguineous vaginal discharge had appeared by this time, and there were also slight abdominal and sacral pains. The progress of the labor was slow and by evening the patient had grown decidedly worse. Her restlessness was extreme; she tossed about the bed and constantly moaned. Dilatation had advanced sufficiently to justify operative interference, and at 12:45 a. m. the patient was chloroformed, the membranes ruptured and a foot extracted. During the delivery of the head a perineal rupture through the sphincter but not into the bowel resulted. The fetus, as is usual in these extreme cases of renal insufficiency, was stillborn. No fetal movement had been noticed for forty-eight hours, nor could the fetal heart-beat be detected. An immediate perineorrhaphy was performed.

The patient reacted well from the operation and did not suffer from nausea nor vomiting. Her pulse was normal, and although she appeared to be greatly exhausted her condition was fairly good. A remarkable change in the urinary symptoms was noted almost immediately after the delivery of the child had been

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The liver arrests poisons; we must stimulate its action by proper therapeutic agents; also skin, lungs, bowels, kidneys.—Field.

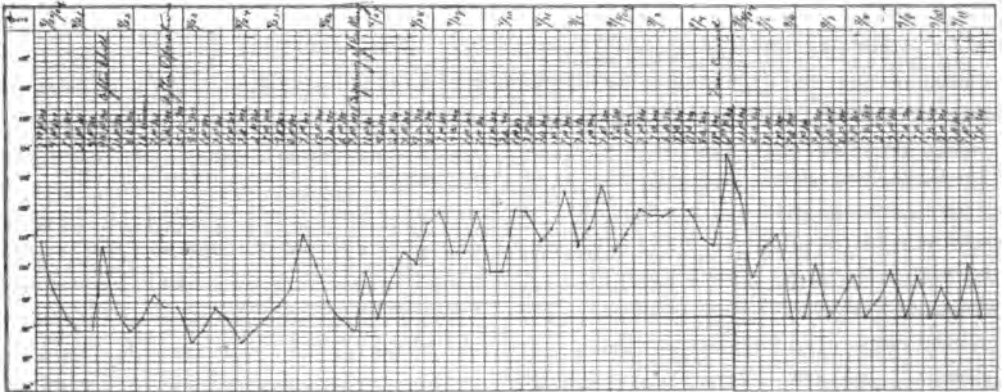
First eliminate poisons; then use physiologic antagonists; third, keep patient alive till he has time to eliminate.—Field.

accomplished. An involuntary dribbling of urine began three hours after the operation and persisted throughout the day. In addition to this at 3 o'clock in the afternoon 26 ounces of urine were removed by the catheter, at 7:30 p. m., 36 ounces, and at midnight 22 ounces, or 84 ounces for the day. There was slight nausea with vomiting during the evening. Seventy-five ounces of urine were voided the following day, and from that time throughout the convalescence the action of the kidney was normal. The bowels had been freely opened by enema from the second day.

On the evening of the third day the patient complained of soreness in the right side of the face and neck, and examination showed a slight puffiness over the parotid region. This rapidly increased and by the afternoon of the fourth day was very pronounced. Dr. Roberts applied compresses of hot camphorated oil over the tumefaction, and subsequently, as the inflammatory symptoms increased in severity, an oint-

ment to 102.4° F. This continued with slight variations for eight days, by which time beginning fluctuation could be detected over the swollen area. A small incision was made the evening of this day and four drams of pus were removed. The wound was washed out and an antiseptic dressing was applied. The temperature immediately fell from 103.4° to 99.4° F., and in twenty-four hours reached the normal, from which it did not afterwards materially vary. The morning following the incision two drams of pus escaped from the wound. A second incision was made at this time a little below, over the angle of the jaw and one ounce of pus evacuated. The subsequent course of the case was uneventful, the patient making an absolute recovery. The perineal wound closed with perfect sphincteric action. The temperature chart is appended:

Through the courtesy of Dr. Brooke M. Anspsach, of this city, I am enabled to present the history of the following



Temperature Chart of Parotitis following complete Perineorrhaphy.

ment of cocaine and ichthyol was applied. The temperature had risen during the inflammatory process, ranging from 100°

case which occurred in his hands at the University Hospital.

Gynecologic Number, 1258, Mrs. E.

The effects of self-poisoning can be largely controlled by an antiseptic treatment; destroying toxins in feces and urine,—Bouchard.

Intestinal antiseptics could have no effect in bowels loaded with contents that had fermented and putrefied.—Field.

B., admitted June 16, 1904; aged twenty-four years; suffering from a left tubo-ovarian abscess and a right pyosalpinx. A left salpingo-oophorectomy was performed, and a right salpingectomy. Three days after the operation a swelling of the left parotid gland occurred, which went on to suppuration and was opened in four or five days, about one dram of thick pus being evacuated. The pus was persistently thick during the entire process and appeared to contain sloughs of the parotid-gland substance. There resulted a perforation of the external auditory canal, which, however, did not involve the drum-head. About the time that the left gland suppurated the right parotid began to swell, but in a few days the inflammation subsided without suppuration. There did occur, however, some suppuration in the abdominal incision. The periparotid infiltration was very pronounced and the induration lasted for quite a long time. No bacteriologic examination of the case was made, but the pelvic trouble was undoubtedly of gonorrheal origin. The patient made a good recovery.

Dr. John A. McGlinn has very kindly contributed an additional case which occurred recently in the service of Professor William Easterly Ashton at the Medico-Chirurgical Hospital. The patient was a woman fifty-seven years of age who was admitted to the hospital with the diagnosis of subinvolution, endometritis, cystocele and rectocele. The cervix was dilated, the uterine cavity curetted, and an anterior colporrhaphy and an Emmet's perineorrhaphy performed. Two days after the operation an attack of dysentery supervened from which she quickly rallied. Eight days

after the operations a bilateral parotitis developed. The glands eventually suppurated and were opened and free drainage established. The patient made an uneventful recovery. Drs. Ashton and McGlinn were unable to trace any source of contagion.

*Comments and Statistics.* An interesting fact to be noted in the histories of the 54 recorded cases is that a certain number of the parotid tumors contained pus. Of the 54 cases recorded thus far 23, or 42 1-2 per cent, suppurated. As Dyball has indicated the suppuration does not appear to be an essential feature of the condition, but results in all probability from a loss of resisting power in the gland, which when inflamed by the action of the toxins forms a *locus minoris resistentiae*, and becomes secondarily infected by pyogenic organisms, probably staphylococci, which are introduced by the blood-stream or more probably through Stenson's duct. In the non-suppurative cases either the function of the gland has been but slightly impaired or the pyogenic organisms have failed to gain entrance into the inflamed tissue. The condition is by no means to be regarded as septicemic or pyemic in nature, and, as Paget has remarked, many of the non-suppurative cases are afebrile in their course.

As regards statistics the condition is one of marked infrequency. Paget collected 101 cases of what he termed "sympathetic" inflammation of the parotid gland, 50 of which resulted from injuries, diseases, or temporary derangement of the genital organs, as from slight blows or the introduction of a pessary. Among the 54 cases gathered by Paget, Morley, and myself there were 13 deaths,

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Typhoid fever; temp. 107, pulse countless; 2-qt. enema of salt solution; in six hours temp. fell to 102, pulse to 99.—Field.

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Before excluding glycosuria examine both morning and evening specimens of urine, says *American Journal of Surgery*.

or a mortality of 24 per cent. Morley calls attention to the fact that 9 of the 13 fatal cases showed suppuration. In 18 cases both parotid glands were involved; in 16 cases the right gland and in 13 cases the left became inflamed; in 7 of the patients the inflamed side is not designated. Seven of the patients were male and forty-seven females. The average day of development of the parotid swelling was the fourth or fifth after the operative procedure. Twenty-two of the cases occurred subsequently

with ovariectomy; 5 followed the removal of ovarian tumors; 6 occurred after hysterectomy; 3 after a gastrotomy; 6 after abdominal section (object not designated); 2 after salpingo-ovariectomy; 2 after appendectomy; and 1 each after enterostomy, herniotomy, excision of the omentum, intestinal obstruction, excision of a gastric ulcer, suppurative peritonitis, anterior colporrhaphy, and complete perineorrhaphy.

Philadelphia, Pennsylvania.

### ENDOMETRITIS.

BY CURRAN POPE, M. D.

Professor of Physiological Therapeutics in Kentucky School of Medicine; Medical Superintendent of the Pope Sanatorium, Louisville.

**F**EW subjects in gynecology have heretofore proven so difficult to handle as inflammatory and hyperplastic conditions of the uterus, and for this reason a full understanding of this condition is essential, especially in view of the many advantages the non-surgical methods offer.

There is no trouble within the pelvis so frequent as endometritis in its chronic state and for that reason it is one of, if not the most important subject the gynecologist is called upon to treat, especially if he be a general practitioner. While endometritis is one of the most common of all the diseases women are subject to and while *per se* not a dangerous disease, still it may be the basis of and lead to some of the most serious of complications.

The majority of the inflammatory diseases of the female genital tract have their origin in the uterus and have led to too frequent removals of this organ, frequently with the tubes and ovaries,

and the increase in the knowledge of simpler methods of handling these cases does not seem to have made any impression on the surgical mind and comparatively little upon the medical. It has seemed to the writer to be somewhat reprehensible practice to operate by ablation of organs important to the economy of the female, until full measures hereinafter to be mentioned have been carefully and persistently tried.

Surgical gynecology has made great strides in the removal of the pelvic organs, and operations which a few years ago were considered too hazardous to be contemplated except by the bold, experienced and leading operators of the profession, and then only in case of danger to life, are now undertaken with impunity by almost every surgeon or gynecologist of little or no experience. Ovariectomies, hysterectomies, and other similar serious operations are proposed and performed with often less consideration than surgeons formerly gave to the

In neurasthenia from over brain work give zinc phosphide gr. 1-6 four times a day after regulating bowels, etc.

Neurasthenia: In sex excess and overmentality cases give zinc phosphide for a week only, to open the treatment.

most minor procedure, while such operations as the repair of a torn cervix or a lacerated perineum, are now classed among the minor operations. The plain facts in the case are that gynecologists of today are surgeons whose attention is attracted to surgical procedures, and surgical training tends to beget a dislike for the slower, less dangerous and tedious methods of non-surgical treatment, while on the other hand, the physician is trending toward a constant desire for surgical work whenever patients will permit of his doing so.

As a result of the foregoing, gynecological surgery has so overshadowed the medical treatment of women's diseases that it is time to call a halt, and question this work as opposed to medical treatment. It should not be forgotten that while the dangers of surgical work and anesthesia have been reduced to the vanishing point, it still remains true that the vaster proportion of women operated upon do not make recovery alone as the result of the operation *per se*. Operative work should be the *dernier ressort*, and women should be informed of its necessity and have explained to them that this is but a foundation upon which the superstructure must be built; and in making these statements the writer reviews his experience in the handling of a large number of cases that have come to him for treatment, after "successful" (?) surgical operations. Do not misunderstand for a moment that there is any desire or attempt to belittle the magnificent, and marvellous work that the surgeon has done, and the wonderful field that he has created, but the above is a plea for the use of other methods before resorting to the knife.

Endometritis is an inflammation or hyperplasia of the uterine mucous membrane involving to a greater or less extent the parenchyma of the uterus. The mucous membrane of the uterus is not functionally analogous to other mucous membranes which are in daily or hourly functionation, the function of the uterus in reproduction being called into exercise only occasionally, and menstruation while connected with reproduction is not necessary for life.

This is a difficult subject to present as regards its arrangement and the writer has adopted the following plan of considering the subject based largely upon his clinical experience. We will therefore consider inflammation of the uterus under the following heads:

Acute Endometritis,  
Cervical Endometritis,  
Corporeal Endometritis,  
Erosions and Lacerations,  
Metritis,  
Subinvolution.

*Causes.* — Etiological considerations are by no means limited to conditions leading to and culminating in endometritis. Predisposing factors are of great importance, and in fact the foundation of the commencement of the disease. These factors may be found in all those variations from what we call good general health. It may commence with anemia and chlorosis—conditions exceedingly common in young women, and frequent in fact, in all ages. Rheumatism and gout (those diseases prone to leave within the system the waste products of tissue metabolism, and so frequently associated with toxemic states, arising from the digestive tract) we find among the potent causes. In like manner tuber-

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Neurasthenia: Follow zinc phosphide with lecithin for a month; but never neglect to keep the bowels clear and clean.

Neurasthenia: The nervous debility is often alleviated by zinc or caffeine valerate, a few grains daily, small doses.

culosis in all its forms, tends by its depleting influences upon the vitality of the organism, to incite the endometrium to inflammation. All exanthemata, measles, scarlet-fever, typhoid, and influenza, through the debilitating action of the toxins, absorbed into the general circulation, predispose or actually cause the trouble. I am of the opinion that if the influence of general conditions in predisposing to inflammations of the pelvic viscera, and especially of the uterus, were thoroughly appreciated by parents and educators, the present baneful methods of schooling would be seriously modified, for it not only predisposes strongly to menstrual disorders and pelvic inflammations but gives a neural background to endometritis. Laborious occupations in which women are compelled to exert strength, and the reverse, sedentary occupations, tend to prepare for later inflammations. Obstinate constipation, that bane of civilized life, with its accompanying absorption of depressing toxic material and the weakening influence it has upon muscle tissue in general is a considerable factor. General exposure to damp cold, especially those conditions in which the skirts are heavily wet and allowed to remain on, together with wet shoes and stockings oftentimes is the commencement of very serious trouble, precipitating acute attacks and aggravating chronic conditions.

Excessive exercise, over-exertion, straining, and lifting, blows upon the abdomen, excessive dancing, long-continued standing upon the feet during the menstrual period, keep the uterus congested and favor endometritis. Acting in a like manner we find excessive coitus

and onanism very commonly mentioned as a cause, but this has in my observation been more likely to continue existing conditions rather than cause the trouble, the exceptions being in the case of virgins in which the traumatism breaks the mucous membrane and permits of subsequent infection. Menstrual irregularities, at puberty, with congestion unrelieved by the flow, and possibly assisted by irritation connected with the development of the ovaries predispose to this disease.

Within the pelvis two principal causes will act in the production of endometritis, these being circulatory disorders, and bacterial infections. For this reason care should be exercised during the puerperal state to avoid infection by means of examinations with unclean hands or instruments or unsterile instruments, and hands introduced through the vagina not cleansed or disinfected. In the puerperal state we have favorable factors for the development of acute metritis, there being raw surfaces, dead matter to decompose, and low vitality of tissue, for the uterus becomes an incubator with its heat, moisture and pabulum, and under these circumstances, bacteria develop rapidly and become virulent. The careless introduction of uncleaned fingers and instruments, irritating and unclean tampons and the application of strong medicines may act as an important cause in exciting inflammation. Where true stenosis exists, preventing drainage, or where there are retained secundines, or where there is acute vaginal inflammation we may expect an inflammation to result.

Infection by the gonococcus is the most frequent and common cause, Menge

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**Neurasthenia:** In mental exhaustion with phosphuria benzoic acid relieves the symptom and presumably the cause of it.

**Neurasthenia:** Don't use too strong remedies here; replace your strychnine mace with a brucine or quassin rapier.

claiming that it is the most certain cause, stating that no other bacterium can vegetate any length of time in the uterine canal, its secretions being bactericidal. The microorganisms most usually found are the staphylococcus pyogenes aureus et albus, streptococci, and the bacillus of Neisser which latter occurs usually in 35 or 40 per cent of all cases. Laceration, displacement, enteroptosis, and other mechanical conditions rapidly produce the disease. I do not wish to be considered as a pessimist but my experience has been that when *once fully acquired*, endometritis is rarely if ever successfully handled unless there is a combination of both general and local measures.

#### ACUTE ENDOMETRITIS.

This stage of inflammation is usually seen by the general practitioner and family physician, the specialist rarely ever being called until some complication renders the case grave. Ordinarily, we will find a patient suffering from acute endometritis, in bed, complaining of pain, weight and dragging sensation in the pelvis, together with considerable rectal and vesical tenesmus. The pain is usually most intense just above the pubes and radiates into the groin and thighs. There is a dull, heavy soreness over the sacro-spinal region. The bladder is usually irritated and frequently emptied.

After several days this is followed by a discharge from the uterus of a viscid liquid which within a week has usually become creamy, purulent and sometimes tinged with blood. During the attack the patient is sensitive to any pressure upon the abdomen, over the pelvis or neighboring regions, with frequent attacks, varying in severity, of uterine

tenesmus, or "bearing-down pains." The uterine discharges are prone to set up a vaginitis and where they are allowed to come in contact with the mucous membrane of the vulva or the skin of the thigh, an acute irritation follows leading to excoriation and great discomfort.

Upon physical examination the abdomen is apt to be found a little tympanitic and the region immediately over and around the uterus exceedingly tender to the touch. The patient as a rule dreads the necessary manipulation and the examination. Digital examination reveals the vagina as a rule covered with the uterine discharge, the os uteri to the touch will be found gaping, the cervix swollen and sensitive to slight pressure, the uterus enlarged and lying lower in the cul-de-sac.

Bimanual examination which is usually very painful will show an enlargement of the uterine body with sensitiveness to pressure, so that one might be led in a hurried diagnosis to suspect the presence of true metritis.

Upon inspection the labia will be found red, irritated and sometimes edematous. Carefully introducing the speculum, the cervix will be observed considerably enlarged, swollen and red, of a darker hue than ordinary. From the gaping lips of the uterus there pours out a clear, albuminous-looking, semi-gelatinous discharge of mucus or muco-pus, or long shreds of cervical mucus.

Owing to the congested state of the entire uterus, all explorations should as a rule be avoided and the probe or sound employed with the greatest caution. If this is used the patient will complain of excessive pain and tenderness throughout the entire uterine-cervical cavity and

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Neurasthenia: The arsenates of iron, quinine and strychnine in quite minute doses do well to follow eliminants.

Neurasthenia: Irritable nerves from mental excess, alcohol or dyspepsia are soothed by oxides of silver and zinc.

its removal will be followed by some blood; indeed, the uterus tends to bleed upon the slightest manipulation.

A differential diagnosis should immediately be made between an acute vaginitis, pelvic peritonitis and a para-uterine cellulitis. Physical examination through the speculum, will as a rule eliminate the question of an acute vaginitis. The diagnosis of cellulitis and

peritonitis must rest upon greater disturbances, usually preceded by a well-defined chill and marked elevation of temperature. A digital examination will as a rule discover fixation of the uterus and enable the examiner to map out the hardened periuterine tissues. The marked difference in the uterine discharge both in kind, and quantity, will aid in the diagnosis.

*(To be Continued.)*

### A CASE OF RETROPERITONEAL TERATOMA.\*

BY C. M. NICHOLSON, M. D.

Professor of Surgical Anatomy and Clinical Surgery in St. Louis University.

**T**HE case reported was remarkable not only because of its rare occurrence, rapid growth, and total absence of symptoms until three weeks before death, but because within its substance there was found a chorionic epithelioma. The following is the case-history:

August 5, 1905, I was consulted by C. W., a healthy-looking, well-developed young man, twenty-one years of age, who complained of one symptom: fainting—which had occurred twice the preceding week. He had attended to his business until August 4, when he quit work, fearing an accident during his trips as superintendent down into a mine.

On inspection the abdomen appeared normal; pressure over the region of the gall-bladder enabled the examining finger to outline a pear-shaped body. In the median line beneath the rectus abdominis, extending from a point four

inches above the pubes to the lower margin of the right lobe of the liver was an immovable mass of definite form. The line of dulness was continuous between the pear-shaped body and the mass in the median line. Although the growth measured four inches in width, no intestinal disturbances had resulted. Three weeks later the patient vomited and complained of great pain after eating. The vomiting became more frequent and the pain more severe with each succeeding day. I saw the patient September 3 and the following morning made an exploratory incision, which revealed a growth extending from the right kidney over to the last dorsal vertebra, downward to within two inches of the pubes. It was firmly attached to the tissues of the median line posteriorly and to the kidney externally. The posterior peritoneum was incised over the mass which was then found to be enclosed in a fibrous capsule; this was sewed to the anterior layer of the peritoneum, and a portion of the growth removed. The pa-

\*Abstract of paper read before the Mississippi Valley Medical Association.

Blood is available for nutrition as long as it remains in the arteries; in the veins it is as if outside the body.—Brunton.

The normal action of vasomotor centers for circulation more than equals twice the blood of the body.—Brunton.



tient sat up at the end of the first week, but continued to complain of great pain. He died two weeks after the operation.

Postmortem examination was made by my assistant, Dr. S. S. Stahl, whose report is as follows: "On opening the cavity of the abdomen and cutting through the posterior peritoneum and transversalis fascia, a fibrous capsule enclosing a semi-solid mass and adherent only to the median line and to the right kidney, was found. Only with considerable difficulty could the tumor be removed, so intimately was it attached to the structures immediately in front of the vertebral column. The abdominal aorta from the first dorsal vertebra to the fourth lumbar was closely attached to the growth. The gall-bladder was distended, evidently due to pressure on the common duct. Neither the lumbar glands nor the kidneys were enlarged, although the right kidney was adherent to the tumor. The liver, though very slightly enlarged, showed evidence of involvement. The heart and pericardium were normal. The lungs contained 200 or 300 nodules."

The tumor weighed a little less than two pounds. It was right-angled and lobulated, the lobules being smooth and extending in different directions. On cutting, the tumor was soft, the anterior inferior extremity being partially cystic. Some of the cysts were as large as a hazelnut. The remainder of the growth appeared solid. The outer surface of the tumor was covered with a distinct fibrous capsule. Paraffin section of the Zenker-fixed tissue showed a very complicated mass. Portions of organs were found corresponding in embryonic origin to all the germinal layers: Skin, cutaneous organs, central nervous system, peripheral nerves, represented the epiblast; mucous glands, tubes, cysts with epithelial lining, were indicative of the hypoblast; bone, cartilage, fibrous tissue, constituted the mesoblastic structure.

The examination showed the growth to be teratoma, and within its substance a well-marked chorionic epithelioma—certainly a most rare condition.

St. Louis, Missouri.

## CONTAGIOUSNESS OF CANCER.

BY A. LAPHORN SMITH, A. B., M. D.

Professor of Gynecology in the University of Vermont.

**M**ORE than ten years ago I became convinced that cancer is a contagious disease, the cause of the contagion being either a cell or a microbe contained in the discharges. I am now gathering facts to prove that it is not hereditary as most people believe and as most believed consumption to be until a few years ago. One of the facts which has become very apparent is that it was the exception for any of my cases

of cancer to have had a father or a mother who had the disease; while quite a number of them had come in contact with others, not their fathers or mothers, who died from it. I want to ask the profession of the United States through the AMERICAN JOURNAL OF CLINICAL MEDICINE to send me as many authentic cases as they can find of cancer occurring in people whose *parents* did not have it.

It would also be very interesting to

Fainting may be due to heart stoppage, rapid arteriole dilation, or sudden stop of pressure in larger vessels.—Brunton.

In fainting internal dilation may coincide with spasmodic contraction of vessels of the surface and of the brain.—Brunton.

know if there is any village among the inhabitants of which no case of cancer has ever occurred until some one imported the disease from some other place, after which it spread to others in the village.

Any one sending me facts bearing on these two important points will receive due credit in an article which I am preparing for the meeting of the British Medical Association which meets in Toronto this year.

I recently published an article declaring that cancer is becoming very rare in my public and private practice, which I attribute to the fact that every woman with a lacerated cervix has had the latter either repaired or amputated so as to remove the scar-tissue on which cancer grows best. Since then I have re-

ceived a letter from a prominent gynecologist of Boston saying that this has been his inference also. Not only that, but I believe that a woman suffering from cancer of the uterus is during a year or two in such condition that she may infect many people with cancer of the face, lip, throat, stomach and intestines.

If this is so, how important to make it known so that there may be a crusade for stamping out cancer by early operation; or when too late for that then by isolation and disinfection. I am sure that no more important subject could occupy your pages than the investigation of the origin and spread of the terrible disease.

Montreal, Canada.

## SURGICAL NOTES

### TREATMENT OF NON-MALIGNANT STRICTURES OF THE RECTUM.

Professor Howard A. Kelly, in a recent article on this subject, declares that painstaking prophylaxis should guide us in the treatment of rectal strictures situated in the distal portion of the bowel. Careful investigation should be made in every case of so-called chronic "diarrhea" and "dysentery."

When found to be non-cancerous the proper treatment consists in rest, diet, keeping the upper bowel emptied, cleansing solutions and applications, healing applications and packs. A stricture of moderate caliber may be cured by gradual dilation with bougies; by the

elastic pressure of a rubber bag, distended by air and made to distend in a uniform manner by a silk covering (Sweetnam's plan), and by digital distension and massage. If a contracting bowel is watched and thus treated, the patient may go on for a long time, for years even, in great comfort, though the disease is not cured and patients told so.

However, in really bad cases resection is necessary and may be practised even when the disease extends over an area as long as 20 cm. A posterior incision with the removal of the coccyx, and sometimes of the last sacral vertebra, with the preservation of the anal sphincters and ampulla when possible, and an end-to-end anastomosis of the bowel, is the best procedure. It is sometimes worth while in the attempt to save

Weakening the vasomotor centers equals bleeding; increasing their power equals adding to the quantity of blood in the body.

Capillary circulation is maintained not by heart alone but by the elastic force of arterial contractions.—Brunton.

the bowel, when the local process persists in advancing, to make an artificial anus completely diverting the fecal current. The bowel may then heal and the extensive surrounding inflammation undergo resolution, when after months (or a year or more), and generally after a successful resection, the artificial anus may be closed by abdominal section.

In a high grade of tuberculous or syphilitic stricture, when an extensive area is involved, it is often best to make an artificial anus and extirpate the diseased bowel. Kelly prefers to do this by amputating the bowel above first, and ligating such hemorrhoidal vessels of the lower end as are within reach, and then to complete the extirpation from below by an incision from sacrum to anus. Advanced tuberculosis always demands extirpation, and syphilis calls, of course, for persistent specific treatments in addition to whatever local means may be employed.

#### ANGIOMA OF MUSCLES.

According to Seitter, angiomata of the muscles have a great tendency to become malignant and to recur after removal. Hence, he advises that the entire muscle must be excised, unless the angioma is distinctly encapsulated. If the growth is very large it may be necessary to remove an entire group of muscles or even amputate the limb.

#### HYPODERMIC TO REVERSE PERISTALSIS.

In abdominal surgery persistent vomiting is often followed by reversed peristalsis and finally large amounts of

"black vomit" exactly like that of yellow fever causing great anxiety to the surgeon, since, unless the bowels can be moved, death always follows. In such cases if one milligram (one sixty-seventh of a grain) of the new drug, salicylate of eserine, be injected hypodermically and repeated every hour until five doses have been given—or less if possible—the fecal current will be directed downward instead of upward and free evacuation of the bowels may give entire relief. An enema hastens the desired result.

#### TO INCREASE THE APPETITE AFTER OPERATION.

Very frequently after operations patients complain that they have no appetite, due probably in great part to enforced inactivity. When such complaints become annoying an enormous appetite may be produced sometimes by this combination:

R Lysol .....i. (gr. 16)

Ext. gentian.

Pulv. glycerrhiz. aa q. s.

Misce et ft. capsul. xvi.

Sig. One capsule before each meal. Burger reports a number of cases of anemia and scrofula in children which he cured with lysol alone, simply through the agency of the ravenous appetite which it excites.

#### FISTULA FOLLOWING OPERATION FOR APPENDICITIS.

Too few operators tell of the failures; so many are afraid of criticism. A most brilliant exception to this rule is Dr. R. E. Skeel, Professor of Obstetrics in the Cleveland College of Physicians and Sur-

Dilation of the arterioles or capillaries quickly reduces the arterial pressure and circulation stops.—Brunton.

One factor in shock is that the blood remains in the dilated veins and does not reach the heart—unless on lying down.—Brunton.

geons, who, in the January, 1906, number of the *Columbus Medical Journal*, freely confesses his failures. In his operations for appendicitis eleven times it was found impossible to remove the appendix; in five of these cases in which the appendix was not removed fistula followed, nearly one-half of all; and the proportion is still higher when it is recalled that two of these cases died: a rather sharp rebuke to the idea that incision and drainage of appendiceal abscesses is all that is necessary! One fistula only occurred with those in whom the appendix was removed and this was due to tearing off the tip and leaving it attached to a suspicious spot in the cecum. Altogether his article is a strong plea in favor of complete surgery whenever compatible with the saving of life.

#### OPERATIONS FOR BRIGHT'S DISEASE.

A very comprehensive report upon the present status of the operative treatment of chronic Bright's disease has been made by Dr. Ramon Guiteras, Professor of Genitourinary Diseases in the New York Post-graduate Medical School. After a careful review of reported results, he concludes: (1) Chronic nephritis should not be operated on until medical treatment has proven of no avail. (2) The time for operations is when it is noticed that the process is advancing rapidly and it is feared that the heart will soon become overtaxed. (3) The operation for chronic Bright's disease which has proven least dangerous, and which has shown the best results, is nephropexy, performed on a single kidney. (4) The most unfavorable cases for opera-

tion are those of diffuse nephritis. (5) Cases of general anasarca with bad heart-action should not be operated on; if the heart-action is good an operation performed as a *dernier ressort* may give the patients a few extra months of life, provided they survive it. (6) Where there has been a marked destructive process in the kidneys, as a result of nephritis, the operation may relieve them for a number of weeks or months, but they generally fail again and die when the new capsule begins to contract.

#### GASTRIC PAIN VS. BILIARY COLIC.

That the gastric crises of an unrecognized locomotor ataxia may be mistaken for gallstone colic has not been made sufficiently clear. An editorial in January, 1906, issue of *Louisville Journal of Medicine and Surgery* (based upon a clinical case of Shaeff) is of much interest. The patient presented himself stating that he was suffering from gallstone colic. His expression was nervous and he was apparently in great pain. His attending physician in previous attacks had told him to tell whoever attended him in like ones, to administer 1-2 grain of morphine at once. He said he had passed several calculi nine months previously. Shaeff suspected that the patient was a morphine habitue, but the dose was administered. Two days later he presented himself again with the same symptoms and the same treatment was again administered. At this visit the left pupil was noticed to be larger than the right and further investigation revealed classical Romberg and other ataxic symptoms. Undoubtedly, says the *Journal*, this is not an isolated case and pa-

Symptoms of appendicitis remaining after removal of the appendix are due to colitis; flush colon and diet.—*Int. Jour. Surgery*.

From a therapeutic point it is a great error to class rheumatoid arthritis as rheumatism; treatment differs.—*Int. Jour. Surg.*

tients who present themselves apparently in great pain and requesting immediate relief, should always be looked upon with suspicion. Thoroughness in our examinations and careful inquiry into personal and family history will unquestionably reveal many cases of malinger as well as clear up the diagnosis of apparently complicated cases. The possibility of apparent gallstone colic being gastric crises of ataxia, should be borne

in mind when those cases present themselves. It must be remembered also that gastric crises of ataxia may simulate acute gastric lesions, appearing like gastric ulcer. We can only then arrive at conclusion in non-gastric diseases and other troubles than biliary ones with gastric symptoms, after a thorough examination of the whole body and a careful study of all the secretions and excretions.

## GYNECOLOGICAL NOTES

### PELVIC MASSAGE.

In the adoption of the Brandt method of pelvic massage the following points should be carefully observed: (1) Never administer pelvic massage to erotic patients, nor in cases of vaginismus, acute pyosalpinx, pelvic abscess, growing tumors of the uterus or ovaries, rectal ulcer, acute vaginitis, irritable urethra, or inflammation of Skene's glands, until after these conditions have been removed. The best results are obtained in cases of subinvolution of the uterus, relaxed ligaments, recent exudates, and passive congestions with little sensitiveness. (2) Before treatment have the patient thoroughly empty the bladder and bowels, employing an enema, if necessary. A hot vaginal douche should also be administered. (3) No movements should be made with the hand used internally except with the ends of the fingers. (4) The force employed should generally be sufficient to produce slight pain. (5) In cases of flexion, the flexion should, if possible, be straightened during the manipulation. In all cases of displacement the uterus must be restored to its

proper position. (6) Care must be taken to have the patient breathe deeply and regularly during treatment. Kellogg says he knows of no class of ailments in which rational non-surgical measures yield such brilliant results as in the treatment of this class of disorders; a few months' careful treatment and training suffices, in many cases, to restore the patient from a condition of apparent hopeless invalidism to one of robust health and active usefulness.

### CHRONIC CYSTITIS IN WOMEN.

For internal use in chronic cystitis, this formula is highly praised:

Venice turpentine .....	5
Castoreum .....	2
Camphor .....	4
Calcined magnesia, sufficient quantity.	

Mix and make 40 pills. Directions: Three to six daily. Briefly summarized the treatment is: Remove any discoverable source or sources of irritation which act through the medium of the urine; also any mechanical source of vesical irritation should receive appropriate

Don't give chloroform near an open gas jet or fire; the fumes are toxic, causing nausea, cough and renal irritation.—*Int. Jour. Surg.*

In cases of orchitis or epididymitis there may be torsion of the spermatic cord—comes on suddenly; may be collapse.—*Int. Jour. Surg.*

treatment. The urine should be rendered bland by the use of a milk diet, the ingestion of considerable quantities of water, the administration of potassium citrate if too acid, or of boric acid and salol if alkaline. Pelvic congestion should be relieved by hot vaginal douches, placing the patient in the knee-chest position, and the correction of constipation. The inflamed cystic mucous membrane may be relieved by the administration of boric acid, santal wood oil, copaiba, or creosote by mouth, or injections of boric acid, carbolic acid, or nitrate of silver in suitable strengths. The general health should be improved by tonics, etc. Rest in bed, especially in all acute cases, is absolutely imperative.

#### HEMORRHOIDS IN WOMEN.

Most women suffer from piles, even though they may not know it. Every gynecological patient therefore should be carefully examined for internal piles; if found they should be removed whenever operation for any other trouble is being performed. It is a good plan to forcibly dilate the sphincter and in every constipated woman whether or not there are piles. Every woman with hemorrhoidal disease (or fissure of anus) should be told that she cannot be entirely relieved of her pelvic trouble by local treatment unless she submits to a simple operation for the cure of constipation (or piles).

#### REMOVAL OF THE UTERUS IN GONORRHEA.

Increasing experience is more and more leading to the conclusion that

whenever pus-tubes depend upon gonococcal inflammation it is always best to remove the uterus when the abscesses are excised. The endometrium is so affected in patients who have gone on to tubal abscess that again and again will the husband (or other male who has intercourse with the patient) become infected, thus carrying the disease through long periods of years. There may be periods of latency during which the infection appears to have died out, but sooner or later there is a recrudescence—clap appears in male and female without other exposure. And the end never seems to come. Hence (the uterus without tubes and ovaries being an absolutely useless organ), whenever the tubes and ovaries are removed for gonorrheal inflammation, pan-hysterectomy should also be performed, especially as it does not add to the danger. It should be positively understood that removal of the diseased uterus in such cases increases rather than checks enjoyment of the sexual act, as a rule.

#### A RECENT GERMAN REPORT ON CESAREAN SECTION.

In *Zeitschrift fuer Geburt. und Gynaekologie*, Dr. H. Dauber reports from Hoffmeier's Clinic, thirty successful Cesarean sections. Of the thirty cases sixteen were of the typical Cesarean variety and fourteen Porro operations or modifications of that method. In six cases the typical Porro was employed; in eight the sub-peritoneal method was used. Contracted pelvis indicated the operation twenty-six times. Of these twenty-six cases, rachitis was the determining factor in fifteen, osteomalacia ten, and a

*Drop a week from money-getting, let old Duty take a rest; try what makes life worth the living, see what gives to work its zest.*

*Hear the whistles tootin' madly, merry crowds throng every street. Rex is comin' up the river—.*

Naegele pelvis in 1. Myomata were the indications in three, and eclampsia in one.

He believes that those cases which formerly were treated by induction of premature labor now may be better handled by conservative section. He considers that the justifiability of Cesarean section is not so easily determined in primipara or multipara who have had living children, as in the instance of multipara who have had dead babies after difficult labors. In many of their cases the operation was determined on by the pressing wish of the women for babies, when other procedures did not offer such sure prognosis. The uterus should be removed under these circumstances:

(1) Infection of the uterus. (2) If myomata should demand the probable later removal of the uterus. (3) In osteomalacia as a therapeutic measure. (4) In severely ill women whose lives would be jeopardized by later pregnancies. (5) Atonic bleeding following conservative operations. In the technic he recommends the routine eventration of the uterus before the uterine incision is made; the danger of contaminating the peritoneum when the uterus is opened in situ being real. He considers the longitudinal incision the best, the placenta having been found seven times in part or fully located on the fundus; and in two instances of Fritsch incision the bleeding was profuse. So he does not believe that there is an advantage in the Fritsch incision. The uterine incision has silk retention sutures through the mucosa and musculosa—the rest being sewed with catgut. The rubber ligature is reserved for the hysterectomies. Labor is not awaited.

The production of sleep is believed to depend on the accumulation of acid waste products in the blood.—*Medical Record*.

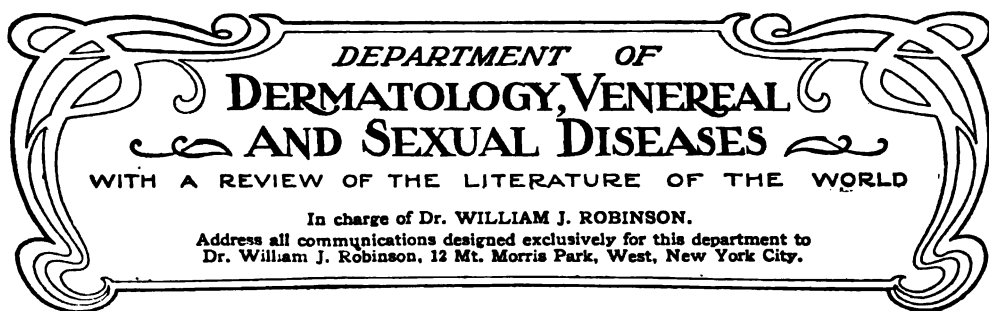
### CHLOROFORM IN PUERPERAL ECLAMPSIA.

That the essential feature in the treatment of puerperal eclampsia is immediate emptying of the uterus cannot be doubted; but preliminary to this, and as an important adjuvant in securing dilation of the os and securing tranquility of the patient at the same time is the free administration of chloroform. In a recent article, Dr. Arthur C. J. Wilson claims to have been very successful in treating these cases by the immediate administration of chloroform, which he gives slowly till the patient is fully under its influence. He states from his own experience that when chloroform was given fully, in cases of eclampsia occurring in pregnancy, soon after the first convulsions, and when its effect was kept up some time after the termination of labor, no more convulsions occurred. Termination of labor by dilatation of the os can, as a rule, be easily carried out, provided the patient is kept fully under chloroform, and seems to have no effect in causing a return of the convulsions. In nearly all cases in which some time had elapsed before the administration of chloroform, convulsions recurred after labor, and the patient did not make so good a recovery. The danger to the child is increased by delay. Forced delivery is quite a different thing when a patient is fully under chloroform from what it is when there is not complete muscular relaxation.

—:o:—

There are cases where the use of chloroform is not practicable; remember that veratrine usually controls fits.  
—ED. CLINIC.

Sleep—when contact of terminal arborizations of afferent nerve fibers and dendrites of cortical cells breaks.—*Medical Record*.



## THE BLOODLESS OPERATION FOR VARICOCELE.

BY T. W. WILLIAMS, M. D.

**T**HE importance of varicocele is relative. It is an almost constant accompaniment of neurotic sexual conditions. It may and often does exist for years without seriously impairing sexual vigor. In such cases operation is not called for. A good suspensory which has a small, soft pad attached so as to exert slight pressure on the cord where it emerges from the inguinal canal to enter the scrotum, is all that is necessary. It relieves to some extent, the pressure of the superincumbent column of blood. It should be worn night and day.

Nearly all sexual neurasthenics who have been addicted to sexual excess, suffer more or less from pendant testicles, the left much lower than the right, with the veins of the cord varicose. So true is this that I invariably look for this symptom as a diagnostic indication of the man's mental and physical habitus.

Occasionally, but rarely, varicocele produces atrophy of the testicle on the affected side from, as I believe, the purely mechanical cause of pressure. In such cases, an operation is advisable at once.

But by far the largest number of cases of varicocele derive their sole importance from psychic causes. Causeless anxiety and mental worry sufficient

to induce nervous prostration and serious impairment of the health are frequently the result in a patient who finds himself suffering from varix, and distorts its importance in his imagination by the perusal of quack literature. In these cases, also, an operation is absolutely necessary.

In these cases there is a degree of satisfaction to both physician and patient attending this operation that seldom attends any other surgical procedure. The mental relief is remarkable; the patient emerges at once from the clouds of gloom and despondency that have enveloped him, feeling as if a great burden that had caused him infinite worry and anxiety, had been suddenly lifted, and he goes forth practically a new man, mentally and physically. I have had patients come from long distances determined to undergo castration, and give up all hope of wedded bliss on account of the mental worry caused by varicocele; but after the removal of the disease they have returned home, to the great surprise of former intimates, completely transformed, got married, settled down and "were happy ever after." If not removed the patient worries about it, broods over it, haunts doctors' offices and tries all kinds of alleged "cures"



the remainder of his natural life. It is therefore justifiable to perform the operation for purely psychic reasons—for its moral effects upon the patient, even when it is unnecessary to do so for any other reason.

From the nature of the case, the radical cure of varicocele is impossible, except by a slight surgical operation. It is of this operation that I wish to speak. I have performed it about 600 times and I have seen and examined many of the cases twenty or thirty years later, and they bore testimony that the results were perfect. The operation although requiring experience and technical skill, is if properly performed, by no means a very serious or dangerous one. I speak here of my own method of subcutaneous ligation, and not of the somewhat heroic operation of laying open the scrotum and cutting out the veins, which confines the patient to the bed for two or three weeks, and is attended by more or less danger of bloodpoisoning and inflammation which is liable to extend to other parts.

It appeals particularly to patients who have a horror of the knife, as it involves no cutting and not a drop of blood is shed. I use neither local anesthesia nor chloroform, as the patient would suffer more from them than from the operation. Besides they are quite unnecessary. I give the patient a good drink of whisky and go ahead. There is only one short, smart pang, and it is all over, like a tooth that is pulled, for the ligature at once deadens the sensibility of the vessels.

This operation causes so little pain or inconvenience that in performing it over five hundred times, my usual custom has been to have the patient come to my of-

fice to be operated on, and after the scrotum is bandaged up he goes about his business, simply keeping quiet, lounging at home for a few days, until the ligatures are ready to be removed. There is nothing more than a slight swelling and soreness of the parts for a short time until the blood in the enlarged veins is absorbed, after which not a mark or scar remains to show that the disease ever existed or that an operation has been performed.

Over thirty years ago I operated upon a gentleman, now prominent in the iron world, who was clerking in the Bay View Rolling Mills about three miles beyond the old city limits. He came in on the cars, was operated, returned to his desk, returned the fifth day and had the ligature removed, and went back to work, without losing an hour. Of course he saw the risk of inflammation, as was explained to him, but he preferred taking the risk to losing a week from his duties. That is the kind of a man, by the way, that always rises to the top.

I never could see any sense in opening the scrotum, separating the veins, tying them above and below, and then sewing them. One ligature is sufficient for occlusion and it is better to leave the veins intact, to help support the testicle. When cut off in that way the stumps become a nuisance by dropping down on the testicle and may cause atrophy by this pressure.

I have enjoyed several opportunities of opening the scrotum years after operating and examining the occluded veins. In every instance they were flattened out like narrow ribbons and bloodless. The blood they contain when oc-

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Sleep is attributed to a temporary anemia of the brain which depends on certain vasomotor changes.—*Medical Record*.

Salmon suggests sleep is due to the effects of an internal physiological secretion derived from the pituitary body.—*Med. Record*.

cluded, is gradually reabsorbed, the collateral circulation is restored, atrophy averted and in no case was the secretory function of the testicle impaired, rather the contrary.

Now as to the operation itself. I have seen it dismissed by surgeons with disdain, and have seen it briefly, but disparagingly, referred to in surgical works, or condemned outright. But having obtained the most satisfactory results from it in so many cases; having myself tried all the other different operations that have been described, I feel competent to pass judgment. My verdict is that by all odds, this method of operating for varicocele is the best.

The technic is simple, but I would not recommend a tyro to perform it without first being instructed by some one experienced in doing it. The operation of subcutaneous ligature first received authority in the practice of the great Ricord of Paris (one of his nephews was a student in my office for two years). The late Samuel Gross of Philadelphia modified and improved it, by substituting a single ligature for the double ligature of Ricord.

I use an ordinary silk ligature of two or three strands of saddler's silk twisted together and waxed. I prefer this to any catgut or ready-made ligature. This ligature is allowed to remain in carbolized oil an hour or so before the operation. The scrotum is shaved and rendered surgically clean. Sitting on a stool, while the patient stands in front of me, and holding the sound testicle in one hand, with the thumb and forefinger of the other I separate the veins from the spermatic cord (readily distinguishable by its tense, cordy feel, and

tenderness to pressure) and the artery (recognized by its pulsation). I then plunge a large-sized curved needle right through the scrotum, carrying the ligature, from front to back, passing it between the cord and the artery and vas deferens. At this point I request the patient to lie on the chair. My assistant then brings the anterior and posterior scrotal wounds in a line; I push the cord down and carry the needle back through the same holes, only this time on the anterior side of the cord, thus closing them in a loop.

The needle is next slipped off the ligature. We now have the two ends of the ligature projecting from the anterior wound, and the mass of knotted veins within the scrotum lies within a loop of the ligature, and all we have to do to occlude them is to tie a single knot in the ends of the ligature and with a firm, quick movement, tie it good and tight—but not so tight as to divide the veins. A cork for an 8-ounce bottle is then produced, and the ligature tied over it in a bow knot, and the operation is complete.

The ligature divides the inner coat of the veins, but does not cut through the outer coat, so that union of the walls occurs spontaneously and the occlusion is complete. I place a pad of iodoform gauze, and over that a pad of absorbent cotton, on the wound, apply a suspensory and let the patient go about his business, cautioning him to keep quiet—walk but little, and return the fifth day, by which time occlusion of the lumen of the vessels is complete. I untie the knot remove the cork, and with a pair of small curved scissors, snip off one end of the cord close to the occluded veins.

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Norwegians have devised a cheap and rapid method of getting drunk by snuffing strong brandy up the nose.—*Med. Record*.

Chicagoans like to know their money is put to good use—Yerkes' estate goes to found a hospital for inept New York.

By steadying them with the back of the curved scissors, and drawing on the long end of the ligature, it will slip loose and pull out. The wound is kept dressed with gauze and cotton as before, and kept in a suspensory, any swelling being treated by rest, lead and laudanum lotions, etc., on general principles. In about thirty days reabsorption has taken place, and all soreness and swelling has disappeared, and with them all signs of varicocele.

This is the technic of the late Dr. Samuel Gross, who taught how to perform the operation. Not only has this operation proved eminently satisfactory in my own practice, but equally so in that of others whom I have instructed in its performance.

Milwaukee, Wisconsin.

The above article brings up the question of editorial rights and powers. Should an editor refuse all articles which advocate views and opinions opposed to his own? We believe not. For after all the contributor may be right and the editor wrong. But it is our duty to state that we disagree with our esteemed contributor. We neither ascribe the importance to varicocele that he does, nor are we in favor of the operation he describes. If it is for the moral effect that the operation is valuable as the author admits in one place ("It is therefore justifiable to perform the operation for purely psychic reasons, for its moral effects upon the patient even when it is unnecessary to do so for any other reason"), can we not select simpler and more gentle methods? But—*audiat et altera pars*.—W. J. R.

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## THE CONSTITUTIONAL TREATMENT OF SKIN DISEASES.

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The average human mind is so constituted that it loves definite opinions and unequivocal judgments. A theory is either true or false, a religion is either good or bad, a man is either a saint or a villain. The deep analytical thinker, however, knows that a theory may be both true and false, a religion may be both good and bad and even that a man may be both a saint and a villain. Every Truth contains some Falsehood, every Falsehood contains some Truth: the difference is only in the proportion. The humoral "pathology," the theory that every disease was due to some internal humor, dyscrasia, held sway for many centuries. No wonder, when its many fallacies were exposed, when it was

shown that many diseases were due to external exogenous causes, that the pendulum should have swung to the other extreme.

This is as true of skin diseases as it is true of general medicine. Every skin disease was due to some internal dyscrasia: *even scabies*. When Hebra, the father of modern dermatology, demonstrated beyond the possibility of doubt that scabies was due to an external parasite, when by rubbing croton oil in the skin he succeeded in producing almost all the features of eczema, it was but natural that he should have fallen into the other extreme. It was natural he should have considered the whole theory of humors and dyscrasias a humbug and should have thought and taught that all skin dis-

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If there is anything we should be certain of it is the distinct action of our remedy and the pathologic wrong.—Niederborn, *E. M. J.*

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Thorough drug-action familiarity will dispense with the necessity of employing combinations of remedies.—Niederborn, *E. M. J.*

eases were of external origin, and that internal dietetic and medicinal treatment—with the exception perhaps of the much-abused arsenic—were of little value.

As Hebra's influence over dermatology was paramount, as his word was considered the last word and as all Germany (meaning all German-speaking countries) flocked to hear the wonderful master, it is not surprising that the dermatologists of the Vienna School were and are, with very few exceptions, strict localists. The local applications—salves, cerates, pastes, plasters, creams, mulls, gelatins—have reached a high degree of perfection in Germany, but the internal condition and the internal treatment are either utterly or almost utterly neglected. Hence we notice—a thing that struck us forcibly—great skill in curing individual attacks, but utter failure in preventing recurrences. The underlying cause is seldom looked after and therefore seldom removed.

Hebra used to say privately that psoriasis was like a gold bond with interest bearing coupons: the patient came around every year and paid the interest in gold. Of course! Because Hebra and his followers never attempted to eradicate the disease, to destroy the gold bond; all their endeavors were limited to the temporary removal of the patches, to the collection of the coupons.

It all came from looking upon psoriasis as a purely external disease. In our opinion psoriasis is most certainly a constitutional disease with dermatic manifestations, and that very much can be accomplished in this disease with internal treatment—with merely a change in the diet—has recently been demonstrated by

the Berlin psoriatics. We say psoriatics and not psoriatists, for unfortunately it was the patients themselves and not the physicians who made the demonstration. The psoriatics in Berlin are very numerous. It so happened that some psoriatics became vegetarians. The improvement in their condition was remarkable. The skin lesions disappeared under local treatment much more rapidly than usual and the intervals between the attacks became longer and longer. This information spread rapidly and numerous psoriatics gave up meat with the same favorable results. Thus an important advance was made in the treatment of psoriasis, and it was incidentally shown that the disease rests upon an internal basis—a blood dyscrasia if you please (and vegetarianism which up to that time made very slow headway in Germany received a great impetus).

Many examples could be given to demonstrate the influence of internal treatment and diet on diseases of the skin: Suffice it to emphasize that some skin diseases have a purely external, bacterial or chemical, origin; some have a purely internal origin and some have a combined external and internal cause; that is, they may be due to either, or the cause being external, its development is favored by certain conditions of the system. And it is our belief based upon theory and experience that in order to treat dermatoses successfully we must look closely into the internal condition of the system, and the successful dermatologist will in the majority of cases add to his local application a prescription for internal use—or at least directions as to diet. The most satisfactory results, in the treatment of this class of diseases, will

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A pallid, broad, dirty tongue means hyperacidity of the body fluids and sepsis filth; sulphate of soda cures.—Niederle, *E. M. J.*

McCullagh gave thiosinamin in 38 cases of tinnitus aurium; 2 cured, 7 much improved, 5 improved, 6 not improved.—*Med. News.*

follow observance of these principles. Improve the general health always if you can.

### THE TREATMENT OF ACNE VULGARIS.

Acne belongs to that not insignificant number of dermatic affections which are occasionally the despair of the dermatologist. The thing looks so simple—just a few pimples—and the patient is really surprised and discouraged if he is not cured in two or three weeks. He or she cannot understand why you cured an eczema covering half of the body or a varicose ulcer of so many years' duration in such a short time, while the pimples don't get better. Well, it is necessary to teach our patients, that often it is the simplest affections which require the longest treatment and the greatest patience. The treatment of acne, like that of so many skin diseases, is both general and local, and the opinions differ sharply as to the relative value of the two. The generalists claim that they can and often do cure by internal treatment and general hygienic measures—regulation of diet, exercise and fresh air—alone; the localists, while admitting the value of general treatment, pooh-pooh the idea that acne can ever be cured without local measures. Our opinion is that the best results will be obtained by him who judiciously combines both local and general measures.

**Local Treatment.** Before we give the various formulas which have proved useful in acne we consider it necessary to remind the practitioner that in dermatology it is just as imperative to individualize and to use common sense as it is in any other branch of medicine. One

formula will *not* do for all patients affected with the same disease. The lesion may be the same, but the skin—the normal skin—on which the lesion is situated may not be the same. What will cure an acne in a strong weather-bronzed man, may set up a violent dermatitis in a delicate fair girl.

Before going to bed, let the patient wash his or her face with sulphur soap, and then bathe it for five to ten minutes in tepid, or still better, hot water, as hot as can be borne. Elliott objects to hot water, stating that he has seen many cases aggravated by its use. We, however, have seen only benefit from its use, and the majority of dermatologists agree as to its value in acne. The bathing is best done by dipping a handkerchief, napkin, or towel in hot water, and applying it to the face. After the bathing, the following lotion should be dabbed on with a piece of cotton or brush and left on over night.

Ether .....	min. 40
Ac. salicylici .....	gr. 10
Sulphuris precip .....	dr. 4
Spir. camphorae .....	oz. ½
Glycerini .....	dr. 2
Aquae rosae q. s. ad. ....	oz. 4

Shake well and apply at night.

This is to be washed off in the morning with tepid water and sulphur soap. If the skin shows signs of irritation, a little white petrolatum or cold cream may be rubbed in during the day.

Instead of the above the following application may be used:

Potassae sulphuratae	
Zinci sulphatis, aa .....	dr. 1
Sulphuris precipitati .....	dr. 2
Aquae rosae q. s. ad. ....	oz. 2

A chemical reaction takes place here,

Thiosinamin appears to destroy newly-formed connective tissue; internal dose gr. 1-2 to 3 three times a day.—McCullagh, *Med. News*.

Rochon declares that the prevalent idea that suffering must follow the discontinuance of the morphine habit is a fallacy. We agree.

zinc sulphide being formed and precipitating.

Ointments are as a rule not indicated and should be used only when the skin is very dry. The following is an excellent combination:

Hydrargyri ammoniati .....gr. 25  
 Ac. salicylici .....gr. 5—10  
 Sulphuris precipitati .....dr. 1  
 Petrolati .....oz. 1  
 Ol. bergamotae .....gtt. 5

In some cases where the acne is very chronic and indurated and does not respond to the above application, stronger measures are necessary. The "peeling off" process, so popularized by Lassar, is here useful. This consists in applying a resorcin ointment, 20 to 50 per cent strong (resorcin 2 to 5 drams, petrolatum ad 10 drams) for three nights in succession and then applying an emollient ointment like the following:

Zinc oxidi .....dr. 2  
 Bismuthi subnitr .....dr. 1  
 Ung. aquae rosae .....dr. 7

This is applied until the irritation set up by the resorcin is allayed, then the resorcin ointment is reapplied, if found advisable. This resorcin treatment, however, sets up occasionally quite a severe irritation, preventing the patient from leaving the house, and the patient should always be informed as to the possible effect of the treatment. If he is satisfied, well and good.

*General treatment.* Limit autotoxemia to a minimum. This is almost the whole secret. But to attain this we must see that the emunctories are in good working condition, and that the patient breathes enough oxygen to burn up the waste products. The gastrointestinal ca-

nal almost always requires attention. *Constipation in the intestinal canal is frequently the forerunner of constipation in the sebaceous glands.* But drugs must not be our sole recourse. An occasional saline laxative, cascara sagrada, an aloin, strychnine and belladonna pill, is not only permissible, but often indispensable, but our chief endeavor should be to induce the bowels to move naturally. Exercise and plenty of water—hot on rising and retiring, cold during the day—are essential. Many French dermatologists prescribe a copious rectal enema once or twice weekly as a routine measure. Pastry, greasy and fried substances, cheese (not fresh pot cheese, but Swiss, Roquefort, etc.) hot bread, potatoes, coffee and tea should be reduced to a minimum or forbidden altogether. Alcohol in any shape or form is to be cut off absolutely.

A teaspoonful of sodium phosphate in a goblet full of hot water on retiring is a useful and harmless remedy.

When dyspepsia is a prominent factor, it of course requires proper treatment. As a rule, bitter tonics, such as gentian, quassia and especially strychnine before meals, and a few drops of hydrochloric or nitrohydrochloric acid, copiously diluted with water after meals, will prove distinctly useful. Where some uterine disturbance exists, that should receive attention. We have seen a number of cases distinctly benefited by hot vaginal douches and by glycerin-boroglycerin tampons. Finally mild diuretics such as potassium citrate are sometimes indicated.

Internal remedies possessing a specific action on the acne lesions we have

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To prevent cholera protection against flies should be instituted, especially if defective water closets are in vicinity.—Boret.

A greater degree of relaxation of the anal sphincters takes place under spinal anesthesia than any other mode.—Neugebauer, *Med. Rec.*

none. Arsenic is the orthodox remedy and it may be administered in the form of arsenous acid 1-100 to 1-50 gr. three times a day. But as a rule calcium sulphide—a good preparation—1-6 to 1 gr. three times a day is more useful in this condition.

#### ACNE PUNCTATA. COMEDO. BLACKHEADS.

Express the comedones by the aid of one of the numerous comedo extractors that are on the market. Have patient use soap and hot water frequently. A sand or a marble soap is useful. In the evening let him apply the following lotion:

Zinci oxidi .....	dr. 1
Sulphuris precipitati .....	dr. 2
Glycerini .....	dr. 2
Aquæ calcis q. s. ad .....	oz. 4

Spraying the face three or four times a day with a 5 per cent alcoholic solution of resorcin is frequently of signal benefit. Instead of resorcin we may order peroxide of hydrogen. Let the patient use it full strength (three per cent U. S. P.) in a spray, or let him rub his face with a little sponge dipped into a mixture consisting of one part of peroxide of hydrogen to two parts of hot water. Ointments are, in our opinion, not of much benefit in comedones.

The general treatment is practically the same as in acne vulgaris, only in comedones we can often get along with local treatment alone.

#### ACNE ROSACEA.

The general principles of treatment are practically the same as in acne vulgaris, except that as a rule the measures must be more energetic. Resorcin ointments in 10 to 25 per cent (1) strength are applied until decided des-

quamation sets in, and are then followed by soothing ointments (bismuth subnitrate, zinc oxide, aa dr. 1, cold cream oz. 1.) When the irritation has subsided, the resorcin application may be renewed. The following application seemed to us to be of signal service in contracting the dilated blood vessels:

Adrenalini (cryst.) .....	gr. 2
Atropinæ sulph .....	gr. 1-2
Ergotini .....	dr. 1-2
Lanolini hydrosi .....	dr. 4
S. Rub in thoroughly four times a day.	

If the patient is "willing to do anything" to get rid of his red nose and face, we may also give him internally ergotin (5 gr. t. i. d.). Ichthyol both locally and internally—locally from 5 per cent to pure; internally 5 to 15 min. t. i. d.—is highly recommended by some. The above treatment will relieve or entirely remove the general congestion and redness of the face, but will it not destroy the large dilated blood vessels. To attain this object we must have recourse to thermo-cautery (Unna's microburner) or electrolysis. Scarification with the bistoury is much employed, but in unskilful hands is apt to cause too much scarring. The general treatment is the same as in acne vulgaris, but alcohol in any shape or form and tea and coffee are to be prohibited unconditionally. Antiarthritic treatment will usually prove useful.

#### ACNE VARIOLIFORMIS.

The local treatment of this disease consists in sulphur lotions or ointments, in zinc paste, in compresses of saturated aqueous solutions of salicylic acid. Internally, we give intestinal antiseptics and calcium sulphide. The French be-

Wyeth claims that in Schleich's method the anesthesia is due to water distention rather than to the cocaine—and offers proof.

I ask you to think with me, and look into the school life of girls with a view to helping them endure their work.—Northrup.

lieve that this disease has some connection with the lithemic state and usually prescribe alkalies to all patients who suffer from acne necrotica. Potassium iodide is also generally prescribed in this affection, but Thibierge says he saw the affection become aggravated under the use of this drug. Some authors believe to have seen good results from ichthyol, naphthol and resorcin; if they are useful in this affection, it must be due to their action as intestinal antiseptics.

#### A NEW METHOD OF TREATMENT OF ACNE.

Bier's method of treating inflammations and suppurations by inducing artificial hyperemia has been utilized by Dr. Moschcowitz (*Med. Rec.* Jan. 13) in the treatment of acne. He has applied it in eight cases with good results. The method is very simple. An ordinary dry cup with rubber bulb attachment is used. The edge of the cup must be broad, and the diameter varies from three-quarters of an inch to one and one-half inches, depending upon the part of the face to which the cup is applied. The cup is applied to the affected area of the face for one hour every day, preferably in the evening. If the application is made twice a day, for an hour at a time, more rapid results will be obtained. The suction must be of the slightest character, so that the least pull will separate the cup from the skin. This point is emphasized for two reasons: first, because greater suction is not so efficient, and may even aggravate the condition; and secondly, because if more suction is employed, a disagreeable ring may form which may take a day or two

to disappear. The cup must be removed every one or two minutes, and reapplied to permit of a new influx of blood. The applications are begun over that area of the face in which the acne pustules are most numerous, and are repeated daily over the same area until the pustules have disappeared. The cup is then shifted to another part of the face, and a similar course is pursued. This is repeated until the entire face has been treated. It takes from two to five applications over each area, until a satisfactory result is obtained. It is needless to say that if two cups are used at the same time the duration of healing will be reduced one-half.

#### CHANCRES OFTEN MULTIPLE.

In every text-book on syphilis you will find as a point of differential diagnosis between chancre and chancroid—between hard and soft chancre—the statement that the former is single and the latter is multiple. This statement needs modification. Cases with genuine *multiple* hard chancres are very common, and it seems as if of late we encountered such cases more frequently than formerly. In 500 recent cases of syphilitics Queyrat observed 131 cases with multiple chancres—a little over 25 per cent. Of 3,591 cases Humbert observed 990 multiple chancres, a little over 27.5 per cent. Of 5,249 cases Mauriac observed 1,197 multiple chancres—nearly 23 per cent. Of 1,534 Renault saw 1,117 single primary lesions and 417 multiple ones—also 27 per cent. In short, the consensus of opinion seems to be that about 25 per cent of hard chancres—or one case in every four—are multiple. This being

Jelliffe describes aphasia, hemiplegia and hemianesthesia occurring during attacks of migraine.—*N. Y. M. J.* Ever see them?

A fine abstract of O'Gorman's great paper on Treatment of Cholera (*Indian Med. Gaz.*) appears in *N. Y. Med. Jour.*, Jan. 6.



so, the value of the singleness of a primary lesion as a diagnostic sign will be seen to be quite slight.

#### CORROSIVE SUBLIMATE INJECTIONS IN SYPHILIS.

The opinions as to the superiority of the soluble or insoluble compounds in the injection treatment of syphilis seem to be as irreconcilable as ever. Dr. F. Krefting (*Berl. Klin. Wochenschrift*, Sept. 18) is a partisan of the soluble salts, and considers the insoluble dangerous, because liable to cause serious and even fatal results. Daily injections as practised by Prof. Lewin he considers unnecessary. In their stead he prefers large doses of corrosive sublimate injected once weekly. He uses 10 grams ( $2\frac{1}{2}$  drams) of a half per cent solution, containing 2 per cent of sodium chloride. [This equals  $\frac{3}{4}$  grain of  $\text{HgCl}_2$ ]. He had no untoward results in his experience, and the patients were able to attend to their regular business. The results were satisfactory even in syphilis of the brain and of the nervous system.

#### MATERNAL SYPHILIS.

Dr. G. S. Whiteside, of Portland, Ore., believes that the subject of maternal syphilis is neglected (*Jour. Amer. Med. Assoc.*, Oct. 7, 1905.) The condition, he says, is often only recognized by the development of the taint in the infant after birth, and directs attention to the importance of being on the outlook for syphilis when there are obscure symptoms. When syphilis is diagnosed in the pregnant woman, mercury should be given promptly and fearlessly to protect

the child. After birth, if the infant be given care and mercury be administered, the author says that recovery should result in a few months.

#### VOLTAIRE ON SYPHILIS?

Yes, the man who knew everything that was known, and who wrote about every topic upon which everything had been written, added his word, also, to the literature of this disease, which by revolting preeminence, throughout the ages and the wide world over, constitutes at once the bane and shame of mankind. He wrote of it as he wrote against folly and error and wrong always—in the finest, keenest satire—scathingly, trenchantly, poignantly, and yet, withal, whimsically and wittily beyond surpassing.

Dr. B. W. Konkle thus begins an article entitled *Voltaire on Syphilis* (*Med. Lib. and Hist. Jour.* Vol. 3, No. 2) in which we are shown what a deep insight that genius had into the nature of the disease, how well he knew its symptoms, and what a great role the princes of the blood, the pillars of the church, and the noble warriors played in its spread. Voltaire also incidentally shows, what ravages the enormous doses of mercury, administered by the ignorant doctors of that time, worked on the patients. The cure was indeed often much worse than the disease. And the antimercurialists of that time had a very good *raison d'être*.

#### SYPHILIS FOLLOWING THE BITE OF A HUMAN BEING.

Dr. James Garvie McNaughton reports the following case in the London *Lancet*

Linossier says fresh eggs are poisonous to some persons. Know any cases? Probably when taken in egg-nog.

Improved financial conditions in the south are shown by the Southern Med. College Association raising requirements.

(Jan. 6, 1906). The patient, a woman of 55, was bitten on the back of the hand by another woman and a sore developed in this region which required about six weeks to heal. About five weeks after the bite, a rash made its appearance on the body and a little later the hair began to fall out. When seen some four months later the rash had disappeared, but the patient had condylomata and mucous patches in the mouth. In the larynx there was considerable infiltration of the inter-arytenoid region with ulceration of one vocal cord.

The editor of this department has seen a case of similar character. The foreman of a shop (this happened in Berlin), a dissolute fellow, was in the habit of fooling with and kissing the girls. The girls resented it but were afraid to resist for fear of losing their jobs. One girl, however, was obstinate and recalcitrant; this infuriated him and one day he got hold of her and bit her on the cheek. A primary sore soon developed and the poor girl is still suffering with one of the severest forms of syphilis. Nothing was done to the wretch—the girl too poor to sue, etc., and nobody interested enough to take up her case.

#### EPITHELIOMA OF THE CHEEK.

Dr. M. L. Heidingsfeld reported a case of epithelioma of the cheek at a recent meeting of the Academy of Medicine of Cincinnati. The patient was a single woman, aged forty-three. She had an irregular ulcerated lesion in front of the right ear, which was of ten years' duration and had been treated unsuccessfully by a number of physicians. It bore

all the clinical characteristics of lupus vulgaris, and so the author tried the tuberculin injection treatment which he has used successfully in this class of cases, but injections of one cubic centimeter of a 1 to 1000 solution failed to produce the marked local reaction, the general malaise, or the increase in temperature that might be looked for. Microscopical examination revealed a characteristic epithelioma of the skin, with no evidence of lupus vulgaris or granuloma in any form. Under the x-ray therapy the patient improved rapidly.—*Lancet-Clinic*, Nov, 4 1905.

#### THE REMARKABLE ACTION OF UN- GUENTUM HYDRARGYRI IN A CASE OF TUBERCULOSIS.

We abstract the article in this department, because though the author, Dr. J. T. C. Nash of Edinburgh, reports his case as one of tuberculosis, it is our opinion that the case was really one of syphilis, or at any rate a combination of the two diseases, as we see them not infrequently.

The patient was a woman of 45 who, according to the author, suffered from pulmonary tuberculosis with advanced lesions in both lungs; she also suffered with rectal hemorrhages and obstinate constipation. She developed the following symptoms, which were suggestive of profound nervous disturbance, if not of grave organic brain mischief—namely, Jacksonian epilepsy of the extensors of the right arm and leg, constant headache, and frequent paroxysms of intense agony over the region around the left Rolandic fissure, with inclina-

Chicago is having lots of fun with one of her surgeons who diagnosed a case of small-pox as appendicitis.

Great ideas travel slowly and for a time noiselessly, as the Gods whose feet were shod with wool.—J. A. Garfield.

tion of the head to the left side. (Why not a cerebral gumma?) The special senses, hearing and sight, were affected to some extent.

The above symptoms, which were marked and severe, after resisting treatment by aperients, iron and iodide of potassium for many days, were rapidly and remarkably dispelled by the inunction of strong mercurial ointment well rubbed into the groin until the patient was salivated. The nervous symptoms never recurred but the mercurial sequelæ—such as salivation, soreness of the mouth, loosening of the teeth, and loss of hair—caused some discomfort for a time. The remarkable effect of mercury is noteworthy. The severe nervous symptoms quite cleared up. The tuberculous mischief in the lungs became quiescent. Eighteen months later the patient had put on flesh.

It is ten years since, and the patient is now in better health. She is the sole remaining member of her family. Her brothers and sisters—four in number—were stated to have all died about the age of forty from tuberculosis.

We have seen several such cases in which antitubercular treatment alone produced no result whatsoever. A course of mercury changed things as if by magic. Occasionally a syphilitic history would be obtained, at other times not. But we must remember that women may have been specifically infected without ever being aware of the fact.

#### HATPINS IN THE URETHRA.

The "monkeying" with hatpins in the urethra is a favorite pastime with some boys, and not infrequently the doctor has

to be called in to remove the implement which has slipped beyond our youthful hero's reach. Dr. C. Hamilton Whiteford reports such a case (*Brit. Med. Jour.*, Jan. 6, 1906). The unfortunate was a boy of sixteen. He was pushing a blackheaded hat pin down his urethra, when he lost his hold on the point of the pin and it slipped out of sight. The head could be felt in the perineum 5 inches from the meatus; its point had perforated the urethra and lay in the periurethral tissues, one and one-half inches from the meatus. The pin was removed in the following way: The patient was anesthetized, pressure was made in the perineum posterior to the head of the pin, so as to prevent it passing further up the urethra, at the same time causing the point to perforate the skin of the penis on its under surface. The shaft of the pin was then withdrawn through the skin puncture until the head prevented further progress. The point was then depressed towards the perineum and the pin removed by pushing it head first through the meatus. Recovery was uneventful.

#### ORGANIC AND FUNCTIONAL DISORDERS OF THE DEEP URETHRA.

Dr. J. M. Thompson (*Med. Rec.*, Dec. 30, 1905) considers the factors involved in these disorders of the posterior urethra and their treatment. The processes of this region that are characterized by persistent or periodic discharge from the meatus or discharge appearing in the urine, he divides into the organic and the functional affections and elucidates the differential diagnosis.

Aseptic treatment of wounds without antiseptics possesses great advantages but is about impossible in private practice.—Burghard.

One immense economic advantage about using alkaloids is that the whole plant may be utilized instead of only root, seed or leaf.

In the organic class are chronic posterior urethritis, chronic prostatitis, chronic seminal vesiculitis and chronic cystitis, all of which show a history of simple or specific inflammation of the urethra, due to the gonococcus, pus organism, or to traumatic and toxic sources, pus being the distinguishing element.

In the functional class are urethrorrhea, phostatorrhea, spermatorrhea and phosphaturia, all the result of abnormal physiological activity, due to sexual continence, excess, indiscretion, or persistent ungratified sexual desire. Pus is not present in the discharge, and this type is non-inflammatory.

In treating the functional disorders, the author emphasizes general hygienic rules and the personality of the physician. Massage and the cold steel sound he thinks valuable in the later stages. He outlines the following plan of treatment for the organic lesions: (1) Gradual dilation with steel sounds; (2) copious irrigation with dilute solutions (pure astringent, pure antiseptic, or antiseptic and slightly astringent); (3) topical applications with concentrated solutions (same as in 2); (4) internal urinary antisepsis; (5) meatotomy when the meatus is constricted, and to permit proper dilation; (6) massage of prostate and seminal vesicles; (7) administration of oleoresins for acute exacerbations and relapses; (3) hydrotherapy, electricity, medicinal tonics and reconstructives.

#### FALLING HAIR.

I am one of the CLINIC family and I wish to know if you can give me a good prescription that will prevent hair

falling out. I know that dandruff is one of the chief causes but where it does not exist it is a hard matter to give a patient any satisfaction, where the patient is not old. I have the ordinary prescriptions but really don't believe in them. If you know of any reliable one it will certainly be appreciated. I want one that will do the work or that you know is good.

S. D. S.

—, Minnesota.

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It is impossible to give a "guaranteed" hair prescription; only quacks guarantee results. The following combination, is, however, I believe the best in existence. It is used quite extensively in Paris—where very special attention is paid to the hair—and with good results.

Ac. acet glacialis ...	1.0	(16 min.)
Resorcini .....	2.0	(30 grs.)
Chloralis hydr. ....	6.0	(90 grs.)
Formalini ..	5.0—10.0	(75 min. to 2 1-2 drams.)
Tr. cantharidis	10.0	(2 -12 drams)
Alcohol	200.	(6 oz. 5 drams)
Flavoring q. s.		

Where there is much dandruff or seborrhea of the scalp, half a dram of ol. rusci (genuine) should be added to the above combination.—W. J. R.

#### LUPUS ERYTHEMATOSUS.

I note in the current number of the CLINIC what Dr. T. G. Lusk has to say as to the treatment of Lupus Erythematosus. I will add my mite to the treatment used by me with very good success. As a local application I use the following, recommended by Dr. Madison Marsh in an article in the *Philadel-*

To compel patients to breathe through the nose Fitzgerald applies plaster to prevent opening the mouth. (Try it on wives! Great!)

In living cells the alkaloids are eliminated from the protoplasm and gather in the vacuole.  
—*The Lancet.*

*phia Medical and Surgical Reporter*,  
October 11, 1873.

Plumbi nitras .....dr. 1

Aqua rosae ..... oz. 2.

Apply with brush three times daily.

As an internal remedy I use a tincture of phosphorus and iodine, prepared as described in Tilden and Co. *Medical Journal*, some forty years ago as follows: "Take a roll of common phosphorus, drop it into a quart of good alcohol, and let it stand for twenty-four hours, then take out the roll, and add to the quart of alcohol five or six drops of tincture of iodine. Dose thirty to sixty drops. Useful in fevers, ulcers, syphilis, buboes, gonorrhea and hemoptysis.

G. D. S.

—, Connecticut.

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The external application is all right, but this internal remedy is a good example of the uncertain preparations of half a century ago. How much phosphorus each dose contains nobody can tell, while the dose of iodine is infinitesimal, ranging some where between 1-1000 and 1-500 of a grain.—W. J. R.

#### ALBUMINURIA IN NEPHRITIS AND BRIGHT'S DISEASE.

Dr. A. Stengel, of Philadelphia (*J. A. M. A.*, Jan. 6, 1905) would not under-rate the importance of urinary symptoms, but points out that the meaning of a trace of albumin is often made too much of. It is not indicative of nephritis or Bright's disease, unless it appears more or less constantly in considerable amount. The occasional or even the frequent appearance of hyaline casts should not be regarded with too much

apprehension. The likelihood of finding casts is increased by modern methods of centrifugation. Even the definite hyaline cast, as distinguished from the insignificant cylindroids of the milder renal irritations, is so frequent in arteriosclerosis, cardiac or hepatic disease, and in gouty conditions, without serious kidney disorder, that its significance is comparatively trivial without corroborative clinical symptoms. There should be frequent examinations of the urine, with due allowance made for its constant or fluctuating condition, in cases of suspected renal disease.

#### USELESS FORMULAE.

In a monthly publication, claiming a large circulation, we have recently come across a number of formulæ entitled: Prescriptions for eczema. The absurdity and uselessness of such prescriptions will be readily seen, when we come to consider that in the treatment of eczema the name *eczema* tells us nothing; what is important to know for successful treatment of the disease is the stage and variety. What is useful in chronic eczema is poisonous in the acute variety. And what may be useful in moist eczema, may prove very deleterious in the dry, scaly variety. And again many combinations useful in adults would aggravate matters, and cause severe dermatitis to boot, in children and infants. Cut and dried prescriptions are an unsafe weapon in the hands of the unthinking physician. When they are given, the exact indications, method of use, stage and limitations should be stated.

In dead (ripe) cells which have lost all their liquid contents the alkaloids accumulate in the protoplasm or cell wall.

In very active vegetable tissues the alkaloids occur chiefly in the neighborhood of growing points and in ovules.

# GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

## SCOPOLAMINE: A PHYSIOLOGICAL AND CLINICAL STUDY.

### (Conclusion.)

**A**NOTHER procedure is not to obtain the anesthesia by the scopolamine and morphine alone, but to join it to chloroform, which removes the patient's dread of the operation, as well as the vomiting and pains on awakening. Terrier prefers this anesthesia especially in laparotomies. We are thus without doubt as to the contraction of the abdominal walls, or the subcutaneous vasodilation. Lastly we can thus diminish the quantity of chloroform to be used and avoid the excitement at the beginning of the anesthesia. In this method only one injection of scopolamine is made one hour before the operation and the chloroform is given before the operation begins.

The innocuousness of scopolamine is according to its defenders such, that it can be administered as an anesthetic even to the tuberculous, to cardiac patients and to the cachectic.

But ether must never be given to continue the anesthetic effect of scopolamine. The vasodilating action of the ether joined to that of scopolamine will augment the chances of pulmonary congestion, or of an acute edema of the lungs the days following the operation.

Scopolamine possesses equal or less mydriatic properties as atropine in the treatment of iritis, keratitis, ulcers of the cornea, in grave interstitial keratitis, and in rheumatic iritis. It does not augment

the intraocular pressure, it diminishes pain and never occasions any irritation.

Gutmann insisted that the toxicity of scopolamine is very slight, that he saw no intoxication symptoms after an instillation of even a 0.4 per cent solution, while an instillation even with a 0.25 per cent solution of hyoscine show it plainly. Mr. Illig seeing the fact that the mydriatic effects of scopolamine are less durable than those from atropine, is of the opinion that the former should be reserved for subjects or cases which show great intolerance to atropine. When the dilation of the pupil is needed for diagnostic purposes, Illig thinks cocaine should be used, as its mydriatic action is less enduring than that of scopolamine instillation.

In recent iritis it is possible, according to Peters, to obtain a maximum dilation of the pupil and a rupture of the synechia by the instillation of a scopolamine solution of 0.2 per cent. It is true that the mydriatic effect of scopolamine is less durable than that from atropine and that to maintain it at maximum will require frequent repetition. The same is true with the paralysis of accommodation from scopolamine. It is prompt in action but it lasts less long than that from atropine. Hence it is scopolamine that should, according to Peters, be used when mydriasis is needed for diagnostic purposes. But as to the

salutary direct influence of scopolamine on the globe of the eye in inflammation, which Rhalmann affirms, Peters is uncertain, he not having had a sufficient number of cases in his practice as yet to ascertain it.

Oldenrogue and Yourmann administered hypodermics of scopolamine hydrobromide from 0.0002 to 0.0004 in cases of acute hallucinations, delirium tremens, acute mania, and gloomy vesania. The patients were chronic general paralytics suffering from insomnia, and were in a state of excitement. Except in the patients with delirium tremens, the scopolamine hypodermics acted very rapidly; at the end of five to fifteen minutes there came apathy, unsteadiness of gait, a sense of vacancy in the head, a somnolence, which soon passed into tranquil and profound sleep. The sleep is always accompanied by a considerable pupillary dilation, and the pulse becoming slow and full. The sleep came on rapidly and lasted from three to ten hours, according to the quantity of scopolamine administered. On waking the patients were more calm, did not complain of malaise, seemed to be yet under the calming effect of the medicament; but yet without somnolence.

The action of scopolamine shows itself especially rapid in maniacal excitement and in acute hallucinatory delirium. The patients become calm gradually, and fall asleep if the dose is somewhat larger. There was also some amelioration, although feeble in cases of melancholy with anguish, thanks to the regular sleep and slight apathy succeeding it.

In delirium tremens, however, neither scopolamine nor hyoscine had any influ-

ence whatever. There was no sleep even on 0.0015 of scopolamine, all there was was feebleness, the patients continued in delirium, cried and were furious at times.

In chronic forms the scopolamine is as efficacious as in acute; the irritability and the insomnia cease on a hypodermic injection of the medicament, but in any case here we have to treat purely symptomatically. Among the secondary effects we have to notice here are feebleness of the lower extremities, considerable mydriasis, lasting sometimes forty-eight hours and more, a considerable slowness of the heart beat and an increase of the blood tension, which explains the considerable diuresis present.

The repeated administration of scopolamine entails a slight habituation, but the increase of dose is hardly noticeable and the progress is very slow.

Oldenrogue and Yourmann experimented with scopolamine hydrobromide as a hypnotic in lunatics. The tests were made in the military hospital of St. Nicholas, at St. Petersburg and resulted in showing the real therapeutic value of this medicament.

A number of patients were put under the influence of scopolamine, administered hypodermically in doses of one-fifth, one-half and one milligram in different patients. It was found here also that the medicament produced sleep from three to ten hours. To the hypnotic these joined a calming effect also, very noticeable in some patients on their awakening, the maniacs and agitated hallucinants being manifestly benefited by the treatment. But the patients with delirium tremens were not benefited at

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Alkaloids result from katabolism of cytoplasm and secondarily are employed for defense against attacks by animals.—Errera.

F. T. Lord has proved that flies carry and deposit tubercle bacilli in a virulent degree of development. Darn a fly anyhow.

all by the medicament as many times as it was tried on them.

Ernst and Raechelmann advised not to use scopolamine in the aged nor in persons affected with renal trouble. But contrary to the authors mentioned above, Liepelt used scopolamine hydrobromide in patients with delirium tremens with success. In fever, delirium (typhoid pneumonia), and in intense motor excitements of other kinds, he also employed the medicament with success, and administered in proper doses it seemed to be superior to morphine hydrochloride. It acted generally with certainty and gave no bad secondary effect.

Liepelt dissolves one centigram of scopolamine in ten parts of water. The solution must always be made fresh and clean, and given hypodermically, which is not painful. The dosage is to be calculated by the patient's state of excitement, his age, and above all by the weight of his body. Most often four to six milligrams are enough to obtain a calming effect, which makes its appearance and remains four or five hours. The medicament is always well tolerated.

We noticed that the doses of this author are much larger than those of the other authors we adduced. We believe it in place to follow here cautiously.

Rosistlay advises scopolamine in doses of one-fourth to one whole milligram. Bela Szalay advises one and one-half to two milligrams as a sedative in the demented and agitated. This last hypodermically. Oldenrogue and Yourmann say also hypodermically, but in doses of two to four-tenths of a milligram to begin with, and the dose of one-half milligram as the high dose which produces relaxation of the muscles. Only

with the habituation which makes its gradual appearance are we obliged to gradually increase the dose, which should always be small at the beginning, viz. two to four-tenths of a milligram.

In ophthalmology Gutmann employs a collyrium of 0.2 per cent, and he says that even with the strength of a 0.4 per cent he never met with an accident.

*En resume.* (1) As a medicament in cerebral troubles, one-half to one and one-half milligram is the ordinary dose. (2) As an ophthalmic collyrium, 0.2 per cent. (3) As a general anesthetic, one milligram associated with one centigram of morphine hypodermically, repeated one, two and three times at one-four intervals, i. e., the first injection four hours before the operation, or also, as stated above, when the anesthesia is to be produced with the combination of chloroform, then an injection one hour before the operation and the anesthesia continued by chloroform inhalation.—*Revue Therapeutique des Alcaloids*.—A. Houde, November, 1905.

#### FLY-BLISTERS AND THE KIDNEYS IN PNEUMONIA.

The utility or harm of fly-blisters in pneumonia can not be decided theoretically as a rapid review of the arguments pro and con, for this method, will show. Clinical experience must be appealed to above anything else. The following is what P. Sepet has learned:

1. In all cases of pneumonia treated with cantharidal vesication there was an undeniably evident sedation of the painful phenomena.
2. Three times the defervescence was quick.

Fly deposits may be a source of tuberculosis in man for at least 15 days after their deposit if exposed only to daylight.—Lord.

One part kerosene, one soft soap with six of water forms an effective preventive of mosquito and gnat attacks.—Hammond.



3. The mortality was ten in forty-five cases treated with fly-blisters, while it was nine in thirty-seven other treatments.

4. Inflammatory or septic complications from the blisters are very rare, and simple cleanliness will obviate them.

5. Cantharidal vesication did not seem to produce any really serious disorder in the kidneys, and patients treated without fly-blisters seem to have been affected nearly as bad as those that were.

6. There did not seem to have been any appreciable modification of the urinary chlorides in patients treated with cantharidal vesication.

7. Only twice were noticed some painful cystitis. In sum, cantharidal vesication, which has an evident action on the functional troubles, is not at all culpable of all evils of which it is accused. (*Marseilles Medical*, October, 1905, in *La Province Medicale*, No. 4, November, 1905.)

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#### DIGALEN.

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This is a white amorphous powder derived by Cloetta from the leaves of the digitalis plant. This is said to be identical with digitoxin, from which it differs only by its greater solubility in water. It comes in commerce as a watery solution mixed with twenty-five per cent of glycerin. Every cubic centimeter of this solution corresponds to 0.3 milligram of amorphous digitoxin. Digalen is prescribed *per os* in doses of one cubic centimeter of the above solution three to five times a day, taken after meals in milk, or sweet wine, and has results equal to that from digitalis. (Senator, Klemperer.)

For several hours preceding menstruation the weight increases at the rate of 1 lb. an hour, total 7 to 9 lbs.—Belfield.

In urgent indications of a digitalis action it is recommendable to use an intravenous injection of one and one-half to three cubic centimeters of the above solution in twenty-four hours. The effect from this is immediate.—S. in *Enzykl. d. Prakt. Med.*

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#### DUBOISINE.

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This is an alkaloid derived from the extract of *Duboisia myoporoides*. It is said to be identical with hyoscyamine. It is not official. As a mydriatic and paralyzer of accommodation it acts quicker and stronger than either atropine or hyoscine, but the effect from it disappears sooner also. In dementia with muscular unrest it seems to act calmingly and thus be sleep producing. Dose up to one milligram internally, or one-third of a milligram hypodermically.—Heinz, in *Enzykl. d. Prakt. Med.*

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#### ACTIVE PRINCIPLE OF YEAST.

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Roos of Freiburg has discovered the active principle of yeast and calls it "cedolin." It is a fatty substance and is the therapeutic part which acts in yeast therapy. He used it in many cases of furunculosis and acne and it has proved curative and ameliorating in a very large percentage of cases. The substance contains unsaturated fatty acids, which are the chief bearers of its activity. The action of this substance, which is peculiar to yeast, is difficult of explanation; it may be inhibitive of intestinal sepsis; the acid may reach the skin by the circulation of the blood, and be eliminated in that way. Roos says that cerolin is also slightly laxative without irritation and can be used therapeutically for that purpose.

Neugebauer has collected 195 cases where some foreign body has been left in the abdominal cavity by surgeons after operation.

# MISCELLANEOUS ARTICLES

## THE TREATMENT OF SCARLET FEVER.

**I**T would seem a matter of supererogation to go into the conditions which exist at the commencement of attacks of this, and other zymotic diseases, and yet, it is just at this point where the dosimetrist or alkalometrist—which you will—stellar-like, shines at his brightest. In the incubation stage our best efforts at abortion are applied. This aphorism must not be misapplied, for the reason that “abortion” is a criminal offense in many states of our Union. However, we do not think that any of them will object to the abortion of disease.

To our incubating stage then let us direct our attention in scarlet fever. We have first the stage of discomfort, what the French call *malaise*. If we meet this with calomel, juglandin and salines energetically given, we may hear no more of the case. But if we have not been called early enough, throat symptoms may have appeared and this, coupled with the fact that scarlatina cases are prevalent in the neighborhood, warns us that we have a serious proposition on our hands. Then and in addition to our calomel, juglandin and salines, we add calcium sulphide, pushing it to its saturation limit and at the same time adding strychnine as a vital incitant. As a rule, and we speak advisedly from an experience with many cases, the disease ends here. Skin complications are not in evidence and we only surmise that we have had a case of scarlatina from the facts that it existed in

the neighborhood and our patient had throat symptoms.

Should our call have been delayed until all characteristic symptoms of the disease have manifested themselves, then our course as previously outlined must be pushed with extra effort, and the elevation of temperature that presents itself should be met by the administration of aconitine and digitalin in connection with the remedies before noted. Should there be exacerbations or complete remissions, then quinine hydroferrocyanide will be in order. But, it may be depended upon, as water relieves thirst, or food hunger, that the symptoms will gradually disappear so soon as the medicinal impression is made. Within twenty-four hours the rash will have assumed its desquamative stage, which will take place without irritation, and your patient is restored to health without the annoying and often serious sequelæ that frequently attend the expectant method, even now in use by many worthy but misguided practitioners.

Let me say to you, Brothers, that I know (I do not say, “believe”) this to be true. Never has this course failed me, and I have used it many times during the past twenty years.

Chicago, Illinois.

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Ever and always we mistake by judging the possibilities of truth by our own little footrule of knowledge. As one grows into deeper appreciation of the

immensity of what is and the littleness of what we know, he becomes humble and less inclined to positiveness of assertion—and especially of negation. Four hundred years ago the man who might have demonstrated telephonic speech would have been sent to the fire as a wizard without a dissenting voice. Will the absolute inevitableness of the course of the essential fevers be as firmly rooted in the professional belief in another century as now? If not, the credit will be due to brave speakers like Dr. Thackeray who do not hesitate to express their dissent from prevalent views. In most matters we are agnostic—we neither affirm nor deny, but await further light.—Ed.

#### STIMULANTS AND MANHOOD.

It was Letourneau in his *Sociologie* (1880) who observed that the chief motive for the use of drug stimulants is the desire of man to emancipate himself even for a moment from the ordinary conditions of existence. In the midst of fatigues and annoyances he seeks the refuge — *forgetfulness*, and so have come into use the koumiss or fermented mare's milk of the Turko-Monguls, the bamboo beer of Indo-China, the millet beer of the negroes, the sago wine of India and Malay land, the agave juice, "pulque," of highland Mexicans, the Salivard pepper plant, the Kana that yields the fermented beverage of the Polynesians. Then by distillation the koumiss-derived "arka" and "anak" of the Asiatics and a myriad other dilutions of alcohol.

So tea, coffee, chocolate, kola of West Africa, mate (Paraguay tea) of South

America are used from very similar motives. Men seek to forget the hardness of life in *love* and so aphrodisiac roots have been sought and the fish, *Fistularia serrata* of Java, also an aphrodisiac, and the various filters given with suggestion.

Then a delicious dream effect was sought by the early and some of the later Peruvians from *Erythroxylon coca* and a similar effect is obtained from chewing betel which is the areca palm nut mixed with lime and wrapped in a betel (*Chavica betel*) leaf and very much used among the Malays.

The pipe, the narghale (water pipe), the cigar, cigarette, tobacco and opium are now in world-wide use.

Hashish (*Cannabis Indica*) smoking is confined to the Persia, Asia Minor and Congo districts.

Snuff taking of the south, and the same aristocratically considered among the Bantu negroes and the Kafirs, is indulged in from similar motives.

The Kafirs we are told carry small artistically made snuff boxes in the lobes of their ears. The Amazon Muras take "parica" or the powdered seeds of the niga as a snuff, one Indian puffing it into the nose of another.

One of the most crude forms of using tobacco, practised sometimes by the Kafir, is to scoop a hole in the clayey earth, pass a hollow stem diagonally from the surface to the bottom of this hole, fill the hole with tobacco, and then the Kafir lying down can have his smoke.

Probably there is not a plant or animal on earth that is not to some extent at variance with its environment. This variance causes on the one hand the desire to leave the real and build a dream or sleep world; on the other, to modify

The alkaloidal contents of various parts of belladonna plant vary in different seasons at various periods of growth.—*Red Cross Notes*.

In 1903 belladonna leaf contained most alkaloid in full bloom; in 1904 not till the berries were ripe.—*Red Cross Notes*.

the environment to suit. The essence of the one is dream, of the other work.

Work because, perhaps, of imperfect environment sooner or later fills an ash pan. In the physiological realm this pan is emptied in sleep. In time, enough ashes stick to the side of the ash pan or in other words the cell walls get too thick and the ash pan, ditto the cell, goes to a trash pile. A dream is a departure from perfect sleep. It is work and waste going on during recuperation time. The dream life may grow, make greater demands and dream usurps work. But there is another motive than the desire to leave the real that prompts the use of stimulant and narcotic drugs. We mention these together because there is a stimulant and later narcotic effect from the use of them.

One late scientist is declaring that most human beings without the help of some stimulant drug-whip cannot make life yield its best fruits. These whips, the authority declares, force the energy out of food and make it graspable by the human motor. This reminds us how in the lives of poets and authors, coffee, tea, opium, cocaine, alcohol and the pipe have been credited with assisting inspiration. Perhaps the judgment would be too hasty to declare that literary products thus obtained are dearly bought or better never have been evolved. Certain it is where the most strenuous life on the part of the polar explorer is required, alcohol at least is a distinct detriment. That it helps sometimes in a pathological crisis we admit, and this being allowed must not the admission also be made that in physiological or work crisis it might for a brief period be a

useful whip? And then the opponent in argument will say "yes, and with an aftermath of lesion to the tissues", which is undesirable.

Admitted that stimulant whips may serve to give a higher maximum to human energy, certain it is that those stimulants with which we are familiar do this while inflicting accompanying injury. Tea will to some extent add to man's wakeful working hours and minus its tannin would seem to be the stimulant freest from objection, and yet when used does not its habit victim begin to rely upon it? And after all will he really turn out more work? I doubt it. Although coffee and tobacco are universally used in the navy, where it is to be expected that a man should be fed and groomed to furnish a maximum energy, still the pathological burden that these accumulate is no fancy picture.

We may find aged men that have all their lives used tea, coffee, tobacco and liquors. Some of them may from these habits have lost some fine function that bears no more relation than an amputation for instance to longevity. As the vitals are favored by a loss of limbs it might be proved that to lose a limb meant to prolong life. Doubtless there is much mesh work in the association tracts of the brain that if cunningly cut away would render a man more long lived, even more contented, and more or less undesirably active.

In evolution's processes a pruning of underbrush must go on, some will say, and for this alcohol furnishes a sickle. Yes and a blind power!

The dream that opium gives may burst into the real world as a flower of song or story. That it bursts and saps and

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In 1903 belladonna root contained most alkaloid when beginning to flower; in 1904 most before flowering.—*Red Cross Notes*.

In 1905 the whole belladonna plant contained 0.681 per cent alkaloids; more than herb, leaf or root in 1903.—*Red Cross Notes*.

inebrates a hundred times to give the world one flower we must also admit.

But even here an arguer may say, "And is it not by similar loss of a million lives that mutation gets the one new species and is it not worth while to poison thousands of drones to get a genius from which to breed a higher race." Yes, but here again we are arguing for chance results, letting loose a blind destructive agency. Man must see his way to higher things. He now comprehends natural selection and mutation and just at this instant the former, as Darwin stated, is in the instance of man becoming inoperative.

At least to assist the higher evolution of man and to add to his desirable works stimulants and narcotics such as we have today are very crude and expensive tools. The desire for them is with the race and it is up to the present century to turn this desire upon something less harmful or to breed a race that is too strong to need such whips and refuges.

How such a "superman," as Bernard Shaw calls him, can be bred is a question already beginning to be answered. Most men ask to be pleased, thrilled, entertained, amused, sense gratified and praised. Those who thirst to learn and understand; those who are happy in thinking and solving problems are the comparative few. The former class come quickly up against the grind of life and there seek the refuge referred to by Letourneau. The unhealthy brain worker seeks a drug to cure and stimulate but his motive is different. A well organized man with a brain that hungers to attack problems is the ideal or superman. Such an one would naturally possess a minimum of the desire to enter

the dream of *sleep poison* refuge. The human race in its past has bred haphazard and the result is that many brains seek nothing above sense delights and yet these same brains are equipped to think, though the equipment is often disordered. The many who are hunting for thrills, sense entertainment, etc., cause others to exploit them and they in turn exploit, for exploitation does not require a high grade of mentation.

There was a time when the highest known pleasure of the subman was sense pleasure. Some mutation produced a *freak* and an inventing, calculating thinking man was born. He could not step down to the subman so he is lifting the subman up to him. To go further would be to launch into theoretical sociology. I have gathered some of the fact and thought of this paper from Deniker, De Vries, Bernard Shaw and others.

C. E. BOYNTON.

Millville, Cal.

—:o:—

This paper is full of thought and is worth pondering over. The "superman," the man of strength, determination, energy, resourcefulness, hope—the really *big* man—has no need for the artificial stimulation of alcohol and the narcotics. To depend upon them is a sign of inherent weakness. Don't do it Brother.—ED.

#### RHEUMATISM.

For the past ten years I have suffered with rheumatism to a marked degree and for many years previous, to a limited extent, also have had dyspepsia with hyperchlorhydria, butyric and

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Wheat husks contain some of the rarer and most essential nutritive properties of the grain besides mechanical uses.—Wallian, *Med. Rec.*

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Refuse in food is too generally overlooked; wilfully rejected by invalids to whom it is of the utmost importance.—Wallian, *Med. Rec.*

acetic fermentation, even albumen in the form of eggs fermenting; all raw fruits also ferment. Generation of gas and regurgitation of food to an unpleasant amount is and has been almost a daily experience.

Both diseases originated in army service forty-two years ago. Since I began reading the CLINIC I have noted the dependence of the rheumatic upon the stomachic condition. When I have an exacerbation of dyspepsia the rheumatism becomes worse. Five grains of zinc sulphocarbolate after meals for a few weeks relieves stomachic conditions which being followed by eight grains of acid salicylic, another antiseptic and antirheumatic, the rheumatism is relieved.

By eternal vigilance as to quantity and quality of food and these two remedies I hope to make life worth living for the allotted time.

G. A. HARMAN.

Lancaster, Ohio.

—:o:—

This illustrates again the truth of the statement which we have so often made in the CLINIC, that rheumatism (and a good many other diseases) is really dependent upon an improperly functioning digestive tract. The fermenting, decomposing fecal mass in the bowel poisons the whole body. Moral! Quit your dietetic meanness; keep properly cleaned out with small doses of calomel, podophyllin and other liver stimulants, followed up with morning doses of saline; keep the whole intestinal tract as clean and sweet as possible with the best intestinal antiseptic obtainable—sulphocarbolates; then rid the system of the accumulated and organized poisonous

waste with calcium carbonate and colchicine, properly combined. The value of the salicylates undoubtedly depends largely upon the fact that they are intestinal antiseptics, as you suggest.—ED.

#### REMARKS ON THE "NEW KNOWLEDGE."

Your views on pneumonia in the November CLINIC, differ widely from those of Osler, Bevan and others who are, on some subjects, regarded as authorities. But when they come to deal with therapeutics they simply humiliate the profession by their pessimistic views. These views are based upon someone's else "say so" or their own experience with results of prescriptions filled at any old drugstore, or at some hospital pharmacy, which selects its drugs by name from the cheapest offered. Any medical man who has seriously attempted to buy pure drugs—if only olive oil—from the ordinary drugstore, in recent years, can judge of the value of the opinions so glibly put forth by these gentlemen who would be simply astounded if a patient asked them to see to it personally that their prescription was properly filled (but in the meantime the pneumonia mortality keeps climbing). Thank the Lord for a journal of such wide circulation as the CLINIC that is not afraid to point out the truth and is able to point it out so plainly and so well. Now then—listen to the chorus from the brethren! "Oh! but these men you are criticising are so scientific."

Well no one can criticise when it is science, but may the good Lord deliver one from such stuff as is not unfrequently ladled out to us privates in the med-

Butlin says cancer is a parasitic disease; its life history not yet discovered outside the human body.—*Medical Record*.

The Bill for the restoration of the canteen in the army is supported by all the true friends of the soldier.—*Medical Record*.

ical army as science. Let me as a private in the rear rank point out a recent notable instance which, from the circumstances of the deliverance, is seemingly endorsed by the Universities of the great state of Michigan and the equally great province of Ontario. On October 4 1905, Victor C. Vaughan, Dean of the Medical Department of Michigan University, delivered an address at the opening of the Medical Department of Toronto University, which was published in the November issue of the *Canadian Journal of Medicine and Surgery*. In this address, after pointing out that Lord Kelvin estimated that the largest atom had a diameter of less than 1-50,000,000 of an inch he went on to say: "It was supposed until the discovery and study of radium, that one chemical element is never converted into another, and consequently that the number and kinds of atoms is fixed and unchangeable. However, it has been found that the x-rays of radium consist of most minute particles, which, when confined in glass condense and form another element, helium."

The word "form" in this sentence is a stupendous assumption. How does Dr. Vaughan know, or what evidence can he give, that the minute particles were not helium before they separated from the radium? How does he know that radium, before the helium separated from it, was an element at all and not a compound of radium and helium, and possibly many other substances?

"With this demonstration of the formation of one element from another it is within the range of sanity to suppose that all the elements have been developed from a primordial ancestor, probably from the universal ether which pervades

all space." (Isn't it easy? Make an assumption—the broader the better—then call this assumption a demonstration, and, presto—the scientific wizard has wiped the Deity out of the Universe.)

"Nothing has been created; everything has grown." (If these statements are true, no assumption is needed to see that the universe and Mrs. Stowe's Topsy are of the same genus.)

"Even silver, iron, and other metals came into existence by being cast off from some common ancestral element. The atomic weight of radium is 225 and that of helium 2.02. It would seem from this that an atom of the former breaks up into about one hundred atoms of the latter, and in this way a new element is born, although in this case it is probable that the mother atom is split into two or more kinds. It will be seen from this that even atoms may be split up. Indeed, there are reasons for believing that the hydrogen atom consists of a muscular ion about which some 700 particles or electrons revolve, and an atom of mercury is believed to consist of not less than 100,000 electrons." (How does Dr. Vaughan know that these 700 or 100,000 electrons are not each of them an element in the chemical sense?

"Atoms and electrons are in constant motion, and so small are they that the distance between them may be relatively as great as those between the planets and the solar system." (Suppose for a moment that there is some truth in these marvelous guesses, would they not tend to illustrate the infinite minuteness of God's creation just as the Universe shows the immensity of his handiwork instead of demonstrating his non-existence?)

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Rome went 600 years without a doctor, says Pliny. Gloating over human suffering the Roman did not study to relieve it.

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Out of thirty-two specimens of canned foods New Hampshire found three that were actually free from adulteration.

Really, Mr. Editor, do you think the average taxpayer in Ontario and Michigan would approve of their money being paid to men for advancing, or for Universities for endorsing such twaddle in the name of science? And is it not time these leaders got out of the dead house and laboratory and paid some attention to curing living patients?

GEO. M. AYLSWORTH.

Collingwood, Ont.

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The marvelous development of the "new physics" within recent years is opening up new vistas for speculation. At present, as Dr. Aylsworth well shows, the whole subject is largely speculative; but we sincerely believe that out of it science will be greatly strengthened in the end, and this without the sacrifice of any of the truths or ideals which we hold dear.

Many scientific men are questioning the nature of electrons, those minute somethings which revolve ceaselessly, like an infinity of moons, about the minutest of atoms. They explain electrical phenomena as nothing else has, throw light on physiological processes and promise to make more clear the action of our remedies within the body. And yet, men like Crookes and Ramsay doubt the materiality of these minute energies—at least as we understand matter. Do they stand at the borderland between the spiritual and the material? Who knows? Personally we believe that the pendulum is swinging back from the extreme materialism of the last two decades. At any rate we may be assured of this, that the world has nothing to fear from real *knowledge*—the truth should hurt no one, and mere specula-

tion need not worry us. We can withhold judgment for the present.—Ed.

#### MEDICAL LEGISLATION.

There are in Wisconsin representatives of several medicine companies, and these fellows, not pretending to be physicians, are traveling from house to house selling proprietary remedies, giving recommendations for their use and in some cases the indications. These are so scattered abroad that a doctor cannot stay in the small towns, so the people have to send to the cities for doctors at high prices and to the exclusion of a large part of the profession who are just as capable and more worthy than those who get their regular rightful business.

These remedies are put up at an expense of from five cents to forty cents and sold by uneducated, unprofessional men at from fifty cents to a dollar a bottle and to people who know nothing of their contents or their right use.

A regularly licensed physician in the state is required to have a four years' course in medicine and then must submit to a state board examination. He is liable to prosecution if he prescribes before he is licensed. Then again the druggists practise medicine here more than the average physician. He has the whole list of nostrums on his shelves and he sells them to whom he pleases and puts up whatever he thinks will help in the case. The treatment of several diseases has practically passed out of the hands of the doctors into the hands of the druggists. The writer is in favor of a law forbidding absolutely the canvass and sale of drugs from house to house,

New Hampshire found no adulteration of condensed milk or of spices; but 83.3 per cent of vanilla and catsup; 100 per cent of lime juice.

New Hampshire reports 43.5 per cent adulteration of maple sugar and syrup; 87.5 per cent of ext. lemon; 56.1 of meat; 45.2 all foods.



and requiring all remedies sold without the prescription of the local physician to have upon the bottles the different drugs in the remedy and the proportions of each, so that the people can know when they are taking an aqueous solution of red pepper at a dollar a half pint, and when they are taking strychnine or opium or belladonna or some other drug dangerous to people who do not know physiological action.

We doctors have been making it hard for the doctors; let us have a change and make it hard for the quacks and the peddlers and the money changers.

It is the writer's misfortune to have spent eight years of hard study in leading colleges and he is still unable to practise in any state except Wisconsin and unable to find a place there where an honest livelihood can be obtained in the legitimate practice of medicine and surgery. The changes in the law of the states in reference to the practice of medicine are so rapid that by the time one is qualified under the law as it exists, another is enacted disqualifying him. This is exactly true as to the writer in reference to the state of Michigan and he is banished from his native state, New York, by its technical preliminary requirements.

Let us help one another rather than the root and water men.

F. S. F.

—, Wisconsin.

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The CLINIC is heartily in favor of every movement which will protect the doctor in his own rights, drive out the drug peddlers and put a stop to the practice of drug-shop dispensing. In some states (we think in Illinois) this hucks-

tering of patent medicines from house to house is forbidden by law; it ought to be forbidden in every state. There ought to be a united effort by all physicians through their medical societies to see that proper justice is meted out to these pestilent parasites who are preying upon the people.

Like our correspondent we believe that the honest doctor should "be taken care of." We need stringent medical legislation, but it should not be made a burden to the straightforward man. The great need of today is reciprocity between the different state boards. Can we not help to bring this about?—Ed.

#### DOCTOR AND DRUGGIST.

Much has been written concerning the strained relations existing between the doctor and the druggist, the latest absurdity coming to my notice being an article entitled "The Pharmacist or the Coroner," saying that people and patients must be protected from the dispensing doctor, or the coroner called when a death occurs, implying the ignorance or inability of a physician to prepare a remedy for administration.

So long as the educated(?) pharmacist holds such views (the article referred to was published in a leading drug journal and written by a gentleman of the trade), the relations are apt to remain strained. Let us see where the danger lies. If the dispensing physician is more likely to err than the druggist the best example we can take is in dispensing of such drugs as strychnine, arsenic, aconitine, etc., as they are the most toxic, hence require the utmost care in dispensing.

Earache: During first few hours relief follows application of adrenalin, 1-1000 solution, to tympanum.—Dr. Schooling, Kas.

If incised wounds in soft parts do not heal as readily as they should, examine the urine for sugar.—*Am. Jour. Surg.*

A modern dispensing physician desires to prescribe, say strychnine, and goes to his medicine cabinet and takes down a bottle containing granules or tablets made by a reliable pharmaceutical house, each granule contains the exact dose he desires to prescribe. He counts out the desired number, places them in a small box or envelope and writes directions plainly, and in addition explains them by word of mouth with specific instructions to "keep them out of reach of children," and the patient leaves.

Supposing he writes a prescription. It is taken to the average drugstore, not presided over by a physician. The druggist while he is making his solution stops to sell a bottle of peruna and a corn plaster, his drug meanwhile lying loose on the scale, catching loose dust blowing in from the open window behind the prescription case, or partly blowing away. He returns to his work and has it gathered up and transferred to a mortar, which we will consider clean, and is again interrupted to sell a bottle of Puffin's regulator, but the messenger finally gets home with the medicine.

Which is the safest or the most accurate?

Now the physician who understands prescription writing gives the most accurate directions as to how his prescription shall be prepared, and yet the egotistical and educated (?) druggist says he is too ignorant to prepare it and in some states has created a committee of politicians to try to secure the passage of a law to prevent physicians dispensing medicines (see the proceedings of the last meeting of the Illinois Pharmaceutical Association). Now Brethren after this law is passed if you are called to a case

of threatened heart failure in the country it will only be necessary to send to your nearest educated (?) pharmacist to come and administer a dose of glonoïn and strychnine, which *modus operandi* you are of course too ignorant to understand.

Politicians have secured for themselves fat offices with exorbitant fees in having, boards of examiners in the various states to examine men as capable, and in many instances more capable than they. Will physicians continue to submit to this vicious un-American, medico-political bunco-steering of the medico-politico-pharmaco-politician? I say let him work or let him starve. Places where drugs and medicines are sold should be presided over by regularly graduated physicians who know the evil effect of drugging and dosing with nostrums. This offers the public the greatest protection.

JOHN A. WELSCH.

Farber, Mo.

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There is room for both the educated pharmacist and the educated physician. There is no room in either profession for ignorance or dishonesty. We heartily believe that there is a moral awakening in both professions that will result in higher standards which will make the position of the doctor-quack as untenable as that of the counter-prescribing, booze-dispensing drug-shop quack. We have no place for either.

Any effort to interfere with the physician's dispensing his own remedies is bound to fail. Every instinct of common-sense and humanity forbids it. But closer relations between the two professions may and should be cultivated, with

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In breast infections failing to heal in reasonable time after cut and dressing think of tuberculosis.—*Am. Jour. Surgery.*

Do no radical operation for tongue ulcer without preliminary microscopic examination; clinical symptoms mislead.—*Am. Jour. Surg.*

profit to both. Dr. Welsch's suggestion that the druggist should be a doctor does not appeal to us. It is far better, in our opinion, to raise pharmacy to the dignity of a real profession, one which will give full scope to the best energies of educated men.—ED.

### MAKING RAPID PROGRESS.

The very great interest manifested by our subscribers, especially our cooperatives, in our rebuilding, is encouraging,

An envious would-be-competitor, after our fire, said: "Well, that'll fix Abbott." Don't you believe it! This has long since ceased to be a personal matter, but if its promotor had been the kind to "down" he would have been downed years ago by the tardy response of the medical profession to the truth promulgated.

But among those who have given conscientious thought, all this has passed away, while much to our gratification others, more conservative, begin to "take



Still Climbing—February 10.

and the fact that we can report rapid progress is gratifying to ourselves as we sincerely hope it will be to our friends.

A glance at this picture in comparison with the one shown last month will abundantly verify our claim.

notice," all of which constitutes a support that renders a material "knock," like a big fire, really a "boost," in that it segregates our friends from our enemies and shows us where we stand.

Thank God the number of our enemies

When palpating the common bile duct for stone make sure a suspected calculus is not a gland.—*Amer. Jour. Surg.*

As a last cleansing after curetting the uterus introduce and at once withdraw a gauze packing.—*Am. Jour. Surgery.*

is few and is rapidly growing less, while the multitude of our friends is increasing rapidly.

We are honest and genuine and you know it! We stand by the doctor in all things and it is that in which you believe!

We believe in the rights of the individual and that they cease when their exercise becomes a menace to society.

If the CLINIC has been strenuous in the years gone by we say to you right now, aged thirteen, that we'll be a good sight more so in the thirteen years to come.

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#### PNEUMONIA EXPERIENCE.

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In one of the great Eastern weeklies Dr. Andrew H. Smith gives a five minutes' talk on pneumonia, in which is admirably compressed the essential data of the pathology of this disease as seen in modern circles. From first to last, it is the pneumococcus and the entire symptomatology of pneumonia is attributed directly and exclusively to the operations of this microorganism and the effects of its toxin. This, however, has never been proved and is unprovable. It is contradicted by clinical experience.

In the hands of the germologist the entire vasomotor theory disappears. What are we to gather from this? Were the precise accounts of circulatory perturbation, diapedesis, rupture of vessel walls and escape of their contents, fibrinous exudations, etc., wholly imaginary? Were they never based on genuine observations, but simply constituted like Smith's theory, an attempt to explain the actual occurrences by a suppositious account drawn from the author's belief?

Suppose we accept this belief—what then are we to do? Shall we leave the firm moorings of the experience which has served us so well and sink into utter hopelessness and puerile inefficiency until the antitoxin is discovered? Or shall we make the legitimate application and saturate the patient promptly with the sulphides to destroy the infectious elements?

The student of medical history is perfectly aware that medical beliefs and theories are not based on knowledge but on fashion. There has been a constant succession of hypotheses, which have been received as working theories, on which therapeutic methods have been based with more or less success; but each of these has been in its turn set aside for a successor.

What then are we to do? On the one hand we have the vasomotor theories upon which is based a therapeusis, logically deduced therefrom, which has afforded highly satisfactory results, evoking, in fact, genuine enthusiasm wherever it is put intelligently to work.

We have on the other hand, a theory so utterly barren that all its advocates strenuously deny the possibility of effective intervention in this disease. There is "nothing to do," say they, but to wait for the antitoxin; thereby placing in the hands of any shrewd commercial intellect the opportunity of making a "killing," paralleling that made by the introduction of tuberculin.

This may satisfy some who stand for theory instead of fact—who delight in post-mortem evidence of verification of diagnosis rather than working evidence of practical therapy, but it is not our style, neither is it the position held by

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The perinephric space is a frequent site of metastatic inflammation after furunculosis or other sepsis processes.—*Am. Jour. Surg.*

I will give an extra dollar for a CLINIC devoted to a classified collection of the footnotes.—W. H. Blythe, Texas.

the majority of the most active and most successful men.

The treatment of pneumonia has ceased to be a theory with us, nor is it based upon an hypothesis whose only fruit is "Dead sea apples." We *know*, and thousands of physicians who have put these facts to the test also know, that pneumonia is a curable disease.

We are constantly receiving little items from readers of the CLINIC, such as this from an Iowa doctor: "Twelve cases of pneumonia, ranging from eighteen months to eighty-two years, all pulled through under alkaloidal treatment; no deaths from this disease in my practice in 1905."

This is the general tenor of the reports which come to us from doctors who use the alkaloidal methods in the treatment of pneumonia. The deaths recorded are so rare that we are hardly ever called upon to report them. Now why is this? According to all the so-called "authorities" from 20 to 40 per cent of pneumonia cases should die. When, therefore, a large and growing class of physicians lose so few cases that they have ceased to list pneumonia among the "dangerous" diseases, is it not worth while to investigate the methods with which they are obtaining such results?

Following this introduction we print some letters received from different members of the CLINIC family. Not all use the same *detailed* methods of treatment which we usually employ and recommend, and which we have found most satisfactory. Nearly every doctor has worked out various modifications which in his own hands give better results. This is as it should be. The doctor who succeeds must think for himself—does

think for himself; he must go personally to the bottom of every problem. But it is a fact worth noting that with hardly an exception these men adhere to the basal principles of treatment which we advocate. Mistaken methods show up here and there, but through mutual criticism and by careful tests at the bed-side we are able to eliminate our technical faults and perfect our methods.

Now Doctor, since we are sure that you want only *the best*—that you are anxious to cure the cases of pneumonia that you are now losing, we earnestly urge you to try what we have to offer—the method of treatment which we have so often urged through these columns, and the details of which you will find elsewhere. Pick flaws in our arguments all you please, show us where this method of treatment is weak—but do not do this on purely theoretical grounds; no criticism can be considered entirely fair and just which is not based upon actual experience. Criticise all you please—but try the method first.

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#### AN IOWA EXPERIENCE.

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As regards the treatment of lobar pneumonia, the general profession is much at sea. We know very promptly how to treat malarial diseases, and upon this treatment the profession is a unit. The same may be said of the various heart lesions, the operative treatment of appendicitis, diarrhea and a number of other affections.

But when it comes to the treatment of pneumonia we are not so united or sure in our therapeutics. One has a fad in heroic doses of quinine alternating with equally enormous doses of tr. iron chlo-

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1905 mortality: Chicago, 13.67; St. Louis, 15.05; Phila., 17.25; Boston, 17.31; N. Y., 18.23; Baltimore, 18.70.—C. J. Whalen.

Chicago is the most healthful of all the large cities of the world. Of 525 deaths last week 113 were over 60 years of age.

ride, in fact, so great are the doses that the majority of us would hesitate to try it. Others mix up with their uncertain and expectant (?) treatment the use of external applications, some using ice-bags—others hot mush or flaxseed poultices, others again the clay-glycerin pastes with more or less extravagant claims for each treatment.

Every honest practitioner must admit, that whatever merit these different treatments may possess, they are certainly far from uniform, both as to method and results. Would it be excessive to say we have no treatment for pneumonia? Now I know you claim to have devised a treatment with which in your hands and those of your disciples, you have almost uniformly *definite and successful results*, not only with a slight mortality, but often aborting the disease, long before the usual nine days' crisis.

Laying prejudice—unworthy of any intelligent man—aside, and admitting our general helplessness in this most dreadful disease, why not try the claims you make, especially when founded on fairly rational ideas?

Well, this is what I did in a recent case. Mrs. S. J., a finely built woman of fifty-two, of good habits, and family history, but the possessor of an old valvular lesion of the heart, came down with lobar pneumonia of the right lung. The diagnosis was typical and easily made; fever, pain, rusty sputum; confirmed by auscultation and percussion; and the presence of the pneumococcus left no doubt.

Owing to her age and the old valvular lesion, which several times before had caused her great trouble, such as orthopnea, edema of the legs as high as

the knees (there was a history of acute articular rheumatism), and the social standing of the patient, the case caused me great anxiety, with a premonition, notwithstanding my usual optimism, that I would lose her.

Well, I instituted the alkaloidal treatment. First I gave her 2-grain doses of calomel, three times in thirty hours, followed by magnesium sulphate, and later on with castor oil and high enema, which made a thorough house-cleaning. A united dose of 1-4 grain morphine with 1-30 grain of strychnine to control pain, which was repeated once during her sickness. Two 1-67 grain pellets of digitalin, 1-134 veratrine and 1-250 of atropine every two hours till a 130-pulse got to the sensible rhythm of 80 and staid there—then the above every three or four hours, as needed. Also I gave her every two hours 1-30 grain doses of sanguinarine nitrate.

For about three days this was kept up, then, having no more trouble with fast pulse, I omitted the veratrine and substituted strychnine arsenate, 1-30 grain every three hours, till I got muscular twitching, when I reduced the dose to 1-134 grain every three hours. Fresh air, milk, egg-nog, soft-boiled egg, and similar diet gave the necessary support.

On the night of the fifth day, we had delirium with hallucinations, carphology and visible heart failure, thready pulse, intermittent and irregular heart and great weakness. Having had sleeplessness, I gave her 1-8 grain morphine sulphate with 1-100 grain hyoscine hydrobromide and we got sleep with lessened nervousness. I gave one-half ounce brandy every two hours, with digitalin gr. 1-67

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Principal causes of Chicago deaths last week: Pneumonia 71, phthisis 59, violence 41, Bright's disease 40, heart disease 40, nervous 25.

The large number of deaths by violence are accounted for by the difficulty of inducing a Chicagoan to die naturally.

every hour during the heart crisis, and on the seventh day I was rewarded by a successful early crisis.

The patient made from there on an uninterrupted recovery, with occasional lapses of intermittent heart, her old habit. The lung is completely cleared up, and I feel a great burden removed. (There were no bulletins published.) I had the assistance of an efficient nurse who did exactly as she was directed, and all seconded by a tractable and lovely patient. There were also other minor details of treatment interjected which your followers have so often given, I will omit them here.

Of course, one swallow does not make a summer, but even one swallow is better than none. So I shall try a similar treatment on my next pneumonia patient, reserving always the right to vary the treatment according to the emergency of the case. While in twenty years of practice my pneumonia mortality has been very light, yet I attribute that to the vagaries of practice rather than to my especial ability, and also to the fact that my practice has not been among the depraved and vicious, but rather among the better class of a semi-rural population of small cities.

Nevertheless, I shall hail with gladness anything which offers even a suggestion of certainty for our hitherto uncertain and chaotic state of pneumonia therapeutics.

C. F. WAHRER.

Fort Madison, Iowa.

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What the mischief do you mean by not letting that patient die, Doctor? Don't you know that you are unworthy, unprofessional, a genuine quack, for

thinking for a moment that you can do anything for pneumonia? Great Scott, Brother what are the doctors in Iowa coming to?

The world is all agog over consumption and yet today, especially in the cities, more people die from pneumonia than die from consumption, while you know that at least half of the cases of consumption result from pneumonias that do not pass from the stage of resolution back to health again. Despite our experience of twenty years, despite the experience of thousands of physicians all over the country, our findings are too often poohpoohed at by men who should be wise enough to investigate these things for themselves.

The medical profession is today divided into two great classes: those who "know" that these great truths of exact therapeutics "can't be" and won't try them; and those who know that they *are* truths because they have demonstrated them in practice.—Ed.

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#### PNEUMONIA: A DESPERATE CASE CURED.

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Having followed the dosimetric method for treating pneumonia for more than ten years, with uniform success, I feel that it would be useless to go into extensive detail regarding the management of each individual case. This has been so frequently done in the CLINIC by the many practitioners who have reported their cases, that most of all I might add, by way of proof, would only be a repetition of what has been repeated over and over again. When I began with this method I must admit that I was exceedingly skeptical as to any such claims as

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198,002 lbs. meat condemned at Union Stockyards last week by Health Department; 32,395 lbs. in the retail markets.—Whalen.

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For exaggerated reflex or sexual irritation give camphor monobromide gr. 1-6 to 1 every fifteen minutes to an hour.

were at first made; especially as to those claiming to abort the disease.

Notwithstanding my unbelief, which may be said to have bordered on nihilism, as regards any effective method of controlling a disease, which all previous authorities had been teaching was limited to a period of from six to nine days, I determined to fully test the new method and prove or disprove it to my own satisfaction. So marvelous has been my success in aborting the cases which were seen early, as well as the satisfactory control of those seen later, that pneumonia no longer brings to my mind that utter, hopeless dread which it previously did when called upon to face it.

Not wishing to make this article too long, I shall only cite one case. This was to my mind the most hopeless I have ever seen, to have recovered. It was that of a little girl some twenty months of age, who had been under the care of another physician for one week. I was told that he had abandoned the case to die, as it had only a few hours more to live. And indeed such seemed to be the case. The father asked me if I thought I could save the child. I told him it looked like a hopeless case, but I thought the right thing would be to see if something could not be done.

The child was unconscious, and had been for some days. The pulse was so feeble that it was impossible to count it, and the respirations were somewhere about 60 or 70 per minute. The temperature in the rectum  $104^{\circ}$  F. The upper lobe of the left lung was consolidated; the abdomen distended and tympanitic, although I was told that the bowels were loose, having acted frequently. The child was given the dosimetric

trinity No. 1, according to the rule for dosage; also sulphocarbolate zinc for the bowels with small doses of calomel. Turpentine and oil to be rubbed over the abdomen, and 30 per cent of ichthyol with lanoline and vaseline on the surface over the involved lobe, then a flaxseed meal poultice covered with absorbent cotton completed the dressing.

Some four hours afterwards, about 7 p. m., I was informed by the nurse that the temperature was  $105.5^{\circ}$  F. I soon called again and placing twelve of the trinity granules in twenty-four teaspoonfuls of water directed that a dose be given every fifteen or twenty minutes until the temperature was reduced to not lower than  $100^{\circ}$  or  $102^{\circ}$  F. taking the temperature every hour to avoid over-dosage. This was kept up through the night and when I called the next morning at 8:30 the temperature was  $104^{\circ}$  F. and had not at any time been lower during the night. I instructed the nurse not to try to reduce it any lower, but to continue to hold it at  $104^{\circ}$  F. until I saw the child again in the evening. At this time it had fallen to  $103^{\circ}$  F. The treatment was continued, the bowels had moved, the pulse and respirations were slightly better, and the next morning the temperature was  $102^{\circ}$  F., in the evening  $101^{\circ}$  F. and on the fourth day I told the mother her child would recover.

As the fever diminished the intervals between the doses were increased. On the fifth day I found the air entering the affected lobe clearly; but on the sixth I found the lower lobe of the same lung involved: I immediately resumed the trinity granules in dose sufficient to hold the temperature down to  $100^{\circ}$  F. and in forty-eight hours

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The nervousness that comes from overwork, grief or worry is soothed by nickel bromide gr. 1-6 every fifteen to sixty min.

Neuralgia: Any volatile oil may benefit by strongly stimulating the nerves through the stomach and arousing reaction.



I again had the disease conquered. From this time on the progress toward recovery was satisfactory and complete.

What other method could have accomplished all this? What other remedies could you have exhibited in such a case as this, with such mathematical precision? Certainly not the scheme laid down in the text-books of the past. What would you have accomplished in such a case with your whisky, quinine, cough syrups, etc.?

While I have said enough, I wish to add one more thought and that is, never attempt to reduce a fever of any kind below 100° F. and never attempt it without the aid of a clinical thermometer, used every hour, to avoid over-dosing when using aconitine. This preparation is definite and certain in its action, and is powerful for good or evil in accordance with its use.

JAMES THOMPSON.

Kansas City, Mo.

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And yet they tell us "there is no treatment for pneumonia"!—Ed.

#### DOSIMETRIC JUGULATION OF PNEUMONIA.\*

Two cases of pneumonia coming under my care last month are of interest, both in themselves as well as from the circumstances which produced them. Both cases came under treatment the 18th of November last, the first snowy day in Paris. Thanks to dosimetry and its wonderful weapon, the trinity, we were able to jugulate the disease without waiting for the fateful fifth, sev-

enth and ninth days. Better still was the very curious fact that on the third day the fever was jugulated, the disease conquered in one case in the morning and in the other in the evening.

I will give here a summary of the two cases, and say a word or two about dosimetric jugulation. We older practitioners of dosimetry, know well its truths and its laws, but it may do some good for the younger ones, the timid and timorous ones, who after reading this may dare to try this method so full of success, and which will give them, too, much more satisfaction than the expectant medication, officially taught us, with all its train of deceptions and vexations.

CASE I. Mrs. G., forty-nine years old; robust constitution; residence in the country. She came to Paris November 17 to pass a few days with her children and to be present at the baptism of her grandchild. Her children made her visit Paris on the 18th, which was a snowy and rainy day. Returning home towards 5 p. m., she was taken suddenly with a feeling of general malaise, intense pain in the small of the back, which disabled her from doing any work. A short time after that she had a sudden violent chill, lasting about a quarter of an hour. Soon after the temperature rose and fever became established. I was called about 6:30 p. m., and found the temperature 39° C. (102.2° F.) The patient complained of thirst and headache, and pulse was frequent.

On examination the patient complained of an intense stitch in the right side, aggravated on the least movement, cough and inspiration. The seat of the pain was a little below the nipple and out-

\*Translated from *La Dosimetre* by Dr. Epstein.

The Preacher says: "Let us pray." The Practiser says: "Let us smile." Long face never went with broad experience.—Purington.

Your heart won't keep fresh in cold storage. Most people are too human to be humane. Only small fish travel in shoals.—Purington.

side the mammary line. The dyspnea was also intense, and the respirations forty per minute. The cough soon made its appearance but was little accentuated as yet. On palpation we felt an exaggerated thoracic vibration when we made the patient speak.

On percussing, the thorax was more than naturally resistant under the finger, and the sound was dull. On auscultation we found the respiratory murmur enfeebled.

In the presence of this fever and congestive phenomena we believed we had the right to think we had a clear case of pneumonia to deal with here. And proceeding from the dosimetric principle, that "the fever is the enemy," we made the effort of combating it with the dosimetric trinity, and prescribed as follows: (1) Apply to the affected side twenty-five or thirty dry cups. (2) Hot drinks, grog, ptisanes, ad libitum. (3) The same evening a tablespoonful of saline laxative in a glass of water to clean out the bowels, which on palpation we felt to be encumbered with fecal matter, and also to render the absorption of the alkaloidal granules more rapid and efficacious. [We also emphasize the importance of using the sulphocarbolates for the purpose of "keeping clean" preventing fecal absorption and gaseous distention.—Ed.] (4) After nine o'clock in the evening the patient was to take every half hour the compound granule known as the dosimetric trinity.

We saw the patient next day, the 19th, at 9 a. m. The purgation brought away three black nauseating stools. Temperature 39.5° (102.5° F.) There was some vomiting.

Auscultation gave crepitant rales, fine

dry bubbles, strikingly felt by puffs under the ear (*éclatant par bouffées sous l'oreille*). The stitch in the side persisted. We prescribed the following regime and treatment: (a) Mustard plasters to the back and breast both to the healthy and the diseased side, every two or three hours; (b) every half hour a granule of the defervescent trinity reinforced with a granule of pilocarpine nitrate; (c) if necessary for the stitch, in the side, wet cups; (d) for alimentation of the patient, bouillon, milk; (e) for quenching the thirst, hot drinks; (f) for vomiting, champagne; (g) clean the mouth thoroughly with sodium borate; (h) continue the clearing of the intestines with half a tablespoonful of saline laxative.

On the evening of the 19th, the temperature was 39.9° C. (103.3° F.); some rusty sputa, pathognomonic, made its appearance—frothy, viscid, adhering to the vessel when turned over.

The morning of the 20th the temperature was 39.8° C. (103.6° F.). The bowels were again unloaded by the saline laxative taken the night before. The painful stitch in the side ceased on the application of three wet cups. There are a number of characteristic rusty sputa which microscopically are shown to be crowded with pneumococci and some staphylococci. Signs and symptoms as before. Vomiting ceased.

The 20th, in the evening, the temperature 39.5° (102.5° F.). There was some tions are stationary, unchanged.

On the 21st, in the morning, the third day of the sickness, the family was not a little surprised to see the temperature falling, about 10 p. m. down to 38.9° C. (102.2° F.). An improvement was no-

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Optimists are weak in ornithology; most of them imagine that Hope can be all wings and no body.—E. E. Purington.

X-ray located lost teeth in a man's stomach; operation failed to recover them; next day found under the mattress.

ticeable almost immediately. The patient felt particularly comfortable, and very soon fell asleep, a healing sleep which lasted four hours, hardly interrupted by a passing awakening, during which the nurse gave her the defervescent granules.

In the evening we could auscultate the patient, and found the fine crepitant rales had lost much of their characteristic clearness, and the expectorations were somewhat less frequent. The dyspnea was almost nothing. The number of respirations fell to 24 per minute. Temperature 38.9° C. (102.2° F.)

On November 22nd, the morning temperature was 38.50° C. (101.2° F.) and the evening one 38.7° C. (101.86° F.). The patient felt comfortable and improvement continues. Ordered a granule of the defervescent every hour instead of every half, half a tablespoonful of saline laxative in the evening to clear the bowels.

On the 23rd, the patient clamored for something to eat. Temperature in the morning 38.2° C. (100.8° F.) and in the evening 38.3° C. (100.8° F.). Ordered a defervescent granule every two hours, and later, on every three hours or four times a day.

The convalescence progressed rapidly. We helped it on by continuing the strychnine, which makes a part of the defervescent granule. We ordered six granules of strychnine arsenate, half a milligram each, daily and built up the organism with that wonderful tonic, stanol. Its principal constituent, caffeine, stimulates the heart and increases its resisting power, and its adjuvant, theobromine, exercises a valuable influence on the kidneys, unloading their filtering

glands of all the encumbering toxins and waste matters. Twelve days after that the patient returned to her home in the country.

DR. BERTON.

Paris, France.

#### CAN PNEUMONIA BE ABORTED?

Can pneumonia be aborted? I believe it can. They say "seeing is believing" and I report the following case: I was called on New Year's day to see a man about thirty-five years of age, who had always been an exceptionally healthy man. He was taken sick the day before. At 10 p. m. the previous night his wife had answered the phone but the person calling wanted to talk with the husband. He got out of bed and went to the phone, but in a few moments he dropped to the floor in a fainting condition.

When I saw him the next day the history of his prior symptoms indicated clearly an attack of pneumonia and on examination I found fully the lower half of the left lung in an active state of congestion. His temperature registered 105 1-2° F. and pulse was full, bounding and somewhat rapid—a typical sthenic case. All the symptoms were present that we would expect to find in such a case.

I ordered a few broken doses of calomel and podophyllin to be followed by a saline, but at the same time, or concurrently, ordered a granule each of aconitine, veratrine and digitalin to be given every fifteen minutes until six doses were taken, then every half hour for a few doses (two or three) and afterward every hour or two according to indications, as explained to the nurse.

Whales may live 400 years, turtles 200, camels 100, ravens 185, geese 100, parrots 120, and elephants 500.

Some ethnologists now say the white races came from Africa and have been bleached white in changed environment.

When I called the next day the patient's temperature was only 98 1-4° F. and the man was feeling comfortable except there was still "some soreness" in the lung, particularly when he attempted to change his position in bed. I ordered the above combination of granules discontinued and gave instead a granule of strychnine arsenate and a tablet of calcium iodized every two hours with directions to keep the bowels fairly open with salines. I also gave at this time the sulphocarbolates—four doses ordered daily.

The local treatment consisted in a flannel jacket (two or three thicknesses) and inunctions of olive oil and turpentine to be applied not less than thrice daily. I did not call the following day but the next the patient greeted me with the words, "I never was sick a day in my life." As a matter of fact the attack was aborted in one day. The man was clearly "out of the woods" when seen the first day after treatment began.

The trouble about the treatment of most of my pneumonia cases is, that they are not seen until after the congestive stage and of course aborting in such cases cannot be looked for. But, I will say, that I believe from my own experience, that the disease in every case can be much modified by the adoption of such rational treatment as you indicate in your valuable "Digest."

J. D. MACLEAN.

Mead, Washington.

#### THE DELIRIUM OF PNEUMONIA.

"By the way—in a case of pneumonia with delirium I gave a granule of hyoscine hydrobromide every half hour for

three doses, which quieted, and after the third granule produced quiet sleep lasting six to seven hours, when the patient woke up, yawned, and asked for something to eat. He is now at work at his trade—blacksmithing. Recovery complete. He was laid up four weeks only. Of course I treated the patient as required, but I mention the above to show the good effect of hyoscine in delirium. I had to repeat the dose of hyoscine at two other times during the course of the disease.

J. N. M.

—, Minnesota.

#### TWENTY-TWO CASES OF PNEUMONIA WITHOUT A DEATH.

##### GOOD IDEAS ON LOCAL TREATMENT.

I am much interested in the pneumonia discussion and wish to add my mite. In addition to the indicated alkaloidal remedies, I use fomentations to the chest and spine, placing one thickness of dry blanketing next the skin, and covering with several thicknesses wrung out of not hot, but boiling water, I usually make three applications of ten minutes each and one the full length of the spine for ten minutes. On removing the last one from the chest, I follow with the hot clay poultice. The fomentations are repeated every six hours and the poultice used between. The heat draws the blood to the surface and the poultice helps to keep it there.

Under this treatment I have not lost a single patient out of twenty-two cases. One lasted fourteen days, including a slight relapse, another ten and the rest for shorter periods. I do not claim that

Black lobsters turn red on boiling by iron oxidation; red hair is changed by agents reducing the iron to lower chemic states.

The Civil War closed with 1,000,000 men on the rolls. There are now over 680,000 on the pension rolls.—*Youth's Companion*.

all these cases were fully developed pneumonia, but they showed every indication of the onset of the disease. One case, a boy aged five, with pulse 158, respiration 60 and temperature 101.4° F. was reduced to normal in fifty-six hours and dismissed cured in four days. I give the first treatment personally and thus show the nurse or parents exactly how I wish it given.

I am much pleased with calcium and lithium carbonates with colchicine in rheumatism. This combination has never failed in producing results. It was pleasant to have a patient who was totally bed ridden with one of the worst cases I have ever seen, tell me after two weeks' treatment, "Doctor, you have made a new man out of me."

WM. E. PHILLIPS.

Springfield, Mass.

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The suggestions for local treatment are excellent, though of course this is not "the whole thing." Do not fail to look carefully to the vasomotor condition using aconitine, digitalin, veratrine, strychnine and other remedies when indicated.—Ed.

#### **PNEUMONIA: ASCLEPIDIN AND OTHER GOOD REMEDIES.**

There is more than one way of treating pneumonia, as well as all other diseases, with results about the same; that is, two or more physicians can treat a disease by entirely different methods with about the same results.

The little granules and tablets are reliable in pneumonia as well as all other diseases, and have one great advantage over most other remedies, and that is,

Naumov removes warts by exposing them for 30 seconds to sunlight concentrated on them by a lens.—*Red Cross Notes*.

they are pleasant to take and well tolerated by the stomach. I consider asclepidin one among the most useful remedies in the treatment of pneumonia. Control the fever by giving it with lobelin in hot water.

If the pulse is weak at any time in any stage of pneumonia, use cactin; it is far superior to strychnine, and much safer. When stimulation is needed, use capsicin, no better stimulant known. It will take the place of whisky in this condition.

Keep the liver active with chionanthin, and the bowels clean and aseptic with saline laxative and intestinal antiseptics. Control the cough with minute doses of codeine and stimulate expectoration with emetine.

Control the pain by external applications of ground mustard seed one part, wheat flour five to seven parts, moistened with water and a little vinegar. Quiet the nervous system with small doses of scutellarin or cypripedin.

JOHN ALBERT BURNETT.

Cecil, Ark.

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Good suggestions, every one of them, which no really live up-to-date doctor can afford to ignore.—Ed.

#### **PNEUMONIA TREATMENT.**

When the treatment is begun, I am guided by the fact that I am treating a *patient* with pneumonia. The patient should occupy a large, airy room. Fresh air is an absolute necessity. The number of the attendants should be two,—the doctor and the nurse. The temperature of the room should be kept at about 68° F. The bed should be single, with firm

Typhoid fever kills per 100,000 in N. Y., 19; Pittsburg 122, Phila. 51, Cinn. 45, Balt. 35, St. Louis 31, Boston 26.

springs and mattress. The diet should consist of milk, broths, eggs, egg-nog, gruels, fruit juices, custard, beef juice, scraped beef. Water should be given freely.

Care must be taken to secure a proper amount of sleep. It is sometimes necessary to give veronal gr. 5 to 10 at bedtime for this purpose. The bowels should be kept open. The usual calomel, ipecac and soda tablet is a good one for this purpose, giving 1-10 grain every half hour for ten doses, followed by a saline. Frequent tepid bathing and alcohol rubs are essential.

If the patient is strong and robust, veratrine combined with bryonia and asclepias, is indicated. If he is naturally weak, strychnine arsenate should be used instead of the veratrine. For the cough, codeine gr. 1-8 every two hours. This will also help to allay the pain. Counter-irritation by means of a mustard or flax-seed poultice has served me well. The hot water bottle may also aid locally.

For the dyspnea or marked cyanosis, oxygen is called for. In weak heart action or cardiac failure, I regard Gard-onier heart tonic in tablet form, one every three or four hours, safe and reliable. For the nervous symptoms, tinc. gelsemium alone or combined with conc. tinc. passiflora, has been found worthy. For the kidneys, a large amount of water each day is sufficient and they will require no further attention.

For delayed resolution, the internal administration of the iodides should be used. Chest massage and breathing exercises are also helpful in this last condition. During convalescence tonics and nutritious diet. Nuclein in solution in 20 grain doses three times a day, should

be given in the last stage to support nature to restore the patient to normal conditions.

E. S. JONES.

Marseilles, Ohio.

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While we can see no good reason to modify greatly the method of treatment which we have found so uniformly successful, the use of the trinity and the defervescent compound, yet we believe that splendid adjuncts to this treatment may be found in some of the remedies introduced by our eclectic brethren, of which Dr. Jones speaks. Bryonin is especially indicated where there are sharp lancinating pains and the short dry cough which is exaggerated on the slightest motion of the chest. Aclepidin, from "pleurisy root" is also useful in painful affections of the chest, and is a useful adjunct to aconitine and bryonin in the early stages of pneumonia. As sedatives, gelseminine and passiflora are excellent. These remedies should be used more than they are—not forgetting of course the essential things in the treatment of this disease, which are: elimination, an aseptic bowel, equilization of circulation and support of the heart and of the defensive forces of the body.—Ed.

## TWO-DAY PNEUMONIAS.

On page nine of the January number of THE JOURNAL OF CLINICAL MEDICINE I note especially the article on "One-day Pneumonias." I have had a unique experience recently with two cases, which if named according to duration would be styled "two-day pneumonias." I was called to see Mrs. G., December 27, 1905,

The thought-weighting machine is said to have distinguished a Republican from a Democrat at a distance of 20 feet.

It may sound bad, but it isn't, to tell a man his wife is supported by two she-knees. Be ready to run, all the time.

who gave the following history: Chill on the night of the 26th, pain in the right side radiating to the shoulder and under the mammary gland. Temperature 104° F. Cough, with rusty or brick-dust expectoration. Cheeks flushed, eyes bright, pulse 120, respiration 40 and shallow, also jerky in character. Clearly a case of croupous or lobar pneumonia.

I put the patient on the following treatment: Calomel and podophyllin in small doses until free purgation is induced; full doses of aconite to slow pulse and strychnine to regulate and deepen respiration, with Dover's powder enough to induce rest and moistening of the skin.

On the 28th, the following picture is presented: Temperature normal, pulse eighty, respiration twenty, sticky skin from perspiration, pain gone, patient inclined to sleep. Cough very much lessened with frothy expectoration free from blood.

Was it a fully developed case of pneumonia? Or was it only the congested stage cut short by the prompt depletion of the system and counterirritation, with lessening of blood supply to the lungs from the use of aconite. The patient had pneumonia one year ago and miscarried. She was given, so her husband tells me, large doses of quinine and the pneumonia lasted eleven days. This time she was also pregnant but went through without quinine and also without any symptoms of miscarriage.

The other case was a boy, age twelve, taken with a chill, high fever, pain in the side, rusty sputum, rapid pulse and respiration. Treatment same as case number one, with counterirritation, aconite,

strychnine and free purgation followed by distinct crisis and rapid convalescence on the second day.

These cases each required only two visits and are of special interest owing to the pronounced positive symptoms of pneumonia and their rapid subsidence with complete recovery. This leads me to assert now what I have often stated before, that many cases of pneumonia can be cut short before the stage of consolidation is reached and the reason that it does not occur often is because the physician is not called earlier and because active and positive treatment is not instituted early.

I am not converted to the theory of alkaloidal treatment fully but am under conviction and at the altar for instruction. I am, however, in favor of positive active treatment when confronted with positive active symptoms as described above.

J. H. PADFIELD.

Greenfield, Tennessee.

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These certainly look to us like typical cases of this dread disease of the winter months, which were arrested by your prompt and intelligent treatment. You certainly followed the correct principle, though we believe that if you follow the alkaloidal idea *in toto* you will be more than gratified by the greater measure of success which will attend your efforts, not exceptionally, but as a rule. Control of the vascular equilibrium through the intelligent adaptation of the indicated remedies—aconitine, veratrine, digitalin and strychnine,—the maintenance of a clean intestinal tract, and general and cellular support—these are indications to be met in every case of pneumonia.

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Paraffin, varnish, aniline red and blue and glucose, are adulterants of candies discovered in New York city.

It was Mark Twain who observed that as most people died in bed, those who wish to live long had better never go to bed.

The abortion during the first attack of pneumonia, which was treated with quinine, brings up a point worth remembering—that quinine is a powerful uterine stimulant and should be given cautiously to pregnant women.

The fact that you are "under conviction and at the altar for instruction" is an encouraging sign. It won't be long, Doctor, before you will be one of us—a full-fledged member of the "family." We know it.—Ed.

### SOME USEFUL HINTS.

#### MUSCULAR PAINS.

During the winter months, there are always a number of cases of grip in which muscular pains and headache predominate. There is probably no better combination for the relief of these symptoms than the acetanilid compound, or the old migraine No. 1, put up in tablet form. A very safe dose is to take three of these every two hours until the pain is less severe, and then gradually reduce the dose. There is no danger, whatever, from a dose of this size, as it is guarded by caffeine.

Doses of acetanilid should not exceed six grains at a time. This should be repeated not oftener than every two hours, and three doses are generally sufficient. If the pain has not been relieved by this time, a half dose should be given every two hours for several times.

The migraine tablet No. 1 certainly relieves pain very quickly, and is a very excellent remedy to establish one's reputation for quick cures for muscular pains and general aches when they occur in cases of grip.

#### PNEUMONIA.

As February and March are likely to

be the months in which pneumonia is quite prevalent, aconitine should always stand prominently before the minds of physicians. It must be remembered that this remedy will positively check pneumonia in its beginning, and abort it completely; but aconitine will not abort pneumonia if an effort is not made to do so. It should be constantly in one's mind that pneumonia, during its first stage, is a congestive disease; that the congestion is caused through the action of the vasomotor nerves; that aconitine is one remedy that will very quickly dissipate this congestion and turn the increased blood supply from the congested lung to other parts of the body.

At the beginning of all febrile movements during the first twenty-four and forty-eight hours, aconitine is the remedy to give, except in depressed conditions. If aconitine were actively prescribed in cases in which there has been a chill, there is no doubt, whatever, that fatal pneumonia would be decidedly on the decline.

The way to give aconitine to adults is to administer one or two granules of amorphous aconitine, 1-134 grain, every half hour until fever declines, which usually takes twelve to twenty-four hours.

For children, dissolve one granule in twenty-four teaspoonfuls of water for each year of the child's age with one additional granule. A teaspoonful of this is given every fifteen minutes or half hour according to the severity of the attack, until there is an improvement of some kind. Reduction of fever, reducing of pulse or thirst, moaning or restlessness disappearing.

There is one thing to which particular attention should be given when aconitine

In examining the chest the tuning fork discriminates between cavities and other conditions simulating them.—R. N. Wilson.

The *Maritime Medical News* enumerates several fatal cases of burns from the ignition of flannellette gowns. Cut 'em out.



tine is administered, and that is, the pulse is usually reduced before the fever declines. It becomes stronger as it becomes slower.

In a recent case attended by the writer, in which the temperature was 105 1-2° F., pulse 170 and respiration 42, the pulse was reduced to 90 while the temperature stopped at 104° F., for thirty-six hours. This case, however, finally got well.

Pneumonia should not be looked upon with so much dread by physicians, no matter even if the altitude is very high. If the case is taken at the beginning and is properly handled, there is no reason why a great many of the dangers of pneumonia should not be prevented.

#### CROUP.

Winter months are also the time when croup is very prevalent. There is no better remedy than the calcerin or calcium iodized, in fact, it is almost a specific. Upon the first intimation of croup, no matter whether the case is inflammatory, or only a case of spasmodic croup, this remedy should be given in one or two grain doses, dissolved in hot water, every fifteen or twenty minutes. The results are, that usually after three or four doses, relief is obtained. Now this does not pertain to simple spasmodic croup alone, but to all forms of inflammatory and diphtheritic croup. In the latter cases, we do not expect to cure within the course of a few hours, but there is certainly an increase of the laryngeal secretions which ameliorate the severity of the symptoms.

#### COUGHS.

Every physician is called upon very frequently during the winter to relieve coughs. Unless it is absolutely necessary, as a rule cough medicines should

not be given. The constant harassing and dry cough is annoying, not only to the patient but to other members of the family, and there are times, therefore, when it is necessary to give an anodyne to allay a cough. There is probably nothing better than codeine, which should be given in 1-4 grain doses to adults, while the Waugh anodyne is the remedy to be used for this purpose in treating children.

If codeine does not serve the purpose, there is a very excellent remedy found in morphia and pot. cyanide comp. (Hawkins). The writer has used this very frequently, and always with very excellent results.

There is one remedy that should not be forgotten in treating irritating and dry coughs, whether they be laryngeal or bronchial, and that is sanguinarine nitrate, gr. 1-67. One of these granules can be given to children under 10 years of age, and to adults, two or three every two or three hours. It will stop dry cough of laryngeal origin very quickly.

JOHN M. SHALLER.

Denver, Colorado.

#### TEMPERAMENT AND DIATHESIS. PNEUMONIA—WHICH LEADER?

So far as I know you are the acknowledged head of dosimetry in this country, rightly teaching it as the most certain, safest and most pleasant of all therapeutics. As an aid in explaining why "recent converts" occasionally fail to secure satisfactory results, a suggestion may be in order. Attention ought to be called at times in the JOURNAL to the importance of considering the influence of "temperament" and "diathesis,"

German children died of blood poisoning following pen pricks. The ink was sterile but the wounds infected later.

Neurasthenia often does well on long continued dosage with calcium lactophosphate to restore the cells-walls.

in modifying or nullifying the action of the defervescent in acute troubles, especially of the lungs.

In chronic affections, they are not so apt to be overlooked. But in acute affections with high temperature, which is regarded as needing prompt attention, the failure of aconitine, veratrine, digitalin, and strychnine arsenate (with hyoscyamine) to act as satisfactorily as usual, probably depends upon the presence of marked temperament or diathesis, especially of the latter, of which, sometimes, combinations are present in the case. Failure to care for "habit" will make the case drag, and the physician is not satisfied with the results.

Take the temperaments, cerebral, thoracic and abdominal, or any of their combinations markedly present in a case, and little reflection is needed to show how a prescription containing the above ingredients could be modified—or added to—to better control the symptoms present or soon to be present in the trouble.

Consider cases of pneumonia—one with no marked diathesis. This will respond quickly and favorably to the usual defervescent, with calcium sulphide, for the diplococcus and probably purulent tendencies. One with a scrofulous diathesis will need something like iodoform added to the above, "or drag its slow length along." One with a history of malarial attacks will need in place of the iodoform, quinine (preferably the hydroferrocyanide). One in a syphilitic subject will do better with mercury or iodine, or both, added to the prescription for a "normal case"—and by far not so well without them. One with a rheumatic diathesis will be benefited by the addition of colchicine, or the salicy-

lates. If a mixed diathesis of rheumatism and malaria is present, it will respond well to quinine salicylate with the defervescent. One, in a tuberculous subject, will thrive on arsenic in some of its preparations, according to the judgment of the attendant, and this will intensify defervescent activity.

In any inflammatory trouble in which pus is an accomplice, or resultant, calcium sulphide given along with the febrifuge, both being pushed rapidly in the early stages, will accomplish "miracles." This is of especial value in appendicitis, and few cases, in which they are used rigidly will need operation. Permit me to add in this connection that no cases of the latter trouble will relapse (*have relapsed* would perhaps look better) provided perfect quiet in bed is maintained until no pressure upon, or in the vicinity of, the appendix, or no bodily movement of the patient, produces pain or uneasiness. Too early resumption of the upright position and movements is certain to be followed by a relapse more serious than the first attack.

The fact to be noted is, that a consideration of the patient's diathesis is of importance in formulating a prescription. Burggraave has been the only teacher so far as I know to forcibly call attention to this subject. My appreciation of his practice and my experience of the value of his teachings must excuse the suggestion that the cause of more reliable therapeutics will be assisted in a occasional reference to these general principles of medicine.

I intended to cease here, but would like to add more. A special article by Prof. M. Manges, of New York, on the

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Neurasthenia demands zinc phosphide, gr. 1-6 three times a day, to rebuild the degenerating nerve tissues.

Meat juice is contraindicated in very young children owing to its exciting effect on the nervous centers.—Winters.

treatment of pneumonia has my attention. The quotations will not be unfairly abstracted if it can be avoided:

"In pneumonia we have a general disease, the tendency of which is to recover after the lapse of sufficient time for the body to produce its own antitoxin." "We have been deluding ourselves, and have regarded pneumonia as a less formidable foe than it really is." "The mortality rate in Fraenkel's recently issued 'Diseases of the Lung'—destined to be a classic—is, in large cities, from 20 to 35 per cent, the average rate for adults being 22 6-100 per cent." "What may we expect from a specific treatment for the disease? The answer is to my mind a very simple one—nothing." "When treatment is required, it must be directed toward the toxemia. Its object is five-fold: (1) to maintain life; (2) to support the heart; (3) to control undue fever; (4) to relieve suffering; (5) to control complications."

Turn now to Castro:

"The dominant in pneumonia must conform to the pathogenetic idea which we have concerning the disease. To most pathologists (in 1888) pneumonia meant only a simple inflammation; to others it is an infectious disease, the result of a poisoning of the organism by a specific agent—the pneumococcus."

"The inflammatory element demands aconitine, the infectious element compels calcium sulphide." "The ordinary classical treatment of pneumonia does not deserve the confidence of the physician." "The expectant plan is one upon which the physicians of the official school rely, while they prefer to do nothing and await a favorable turn of the disease."

From Prof. Shaller: "Acute in-

flammatory diseases can be aborted." "There is nothing of theory about this. It is a fact." "When acute inflammatory disease—as pneumonia—is ready to assert its presence, by well-known symptoms, pathologic changes are not so firmly established that they cannot be diverted or checked."

I followed such teachings as those of Prof. Manges' from 1871 to 1885—the teachings of Burggraave, since. Results since 1885, in mortality, no per cent, and I know of others who claim the same. For certainty, for ease, for restful confidence, for short illnesses, the teachings of Burggraave are a haven of rest. I, and mine, will follow the immortal Belgian.

C. S. PIXLEY.

Winnsboro, N. C.

#### MEDICAL PRACTICE LAWS.

We receive frequent letters from readers of the CLINIC concerning the laws governing medical practice in different states. A neat little booklet giving a condensation of these laws, as well as the addresses of the officers having charge of examinations and licensing, and the proportion of physicians to population, has been issued by Arthur J. Cramp. P. O. Box 378, Milwaukee, Wis. Mr. Cramp is a medical student and is using this means to help defray his expenses in college. The book is a good one and we know you will help Brother Cramp with this little "boost."

#### FADS, FRAUDS, AND FOLLIES.

I am one "man Jack" who has read the paper by Dr. Abernethy, as given in the CLINIC for January. I do not ques-

Bicycling expands the lungs and stimulates the liver, and other abdominal viscera as well as the muscles.—*Boston M. & S. J.*

Nature, or to be specific, chemistry, physiology and chemical physiology, have furnished unerring guides for feeding children.—*Winters.*

tion his sincerity; I cannot question his warmth. But in every war there are two sides and both may be partly right, entirely right perhaps if we look at the question from the standpoint of one party. During our Revolutionary war the parsons of the Church of England were down on their knees praying for the success of the British army, and doubtless they honestly believed that if the cause of "legitimacy" went down in the conflict, the world would come to an end. The glorious heroism of English officers in our struggle is still perpetuated in many a statue in Westminster Abbey and St. Paul's and the epitaphs read strangely in the light of our day—at any rate to an American.

In "Stringtown on the Pike," that deeply-interesting book by John Uri Lloyd, is a touching bit of pathos. Old man Nordman had two sons who entered the opposing armies in the Civil War, one being a captain in the Northern army and the other a captain in the Southern army. They both lost their lives in the conflict. Sammy Drew revisits Stringtown after several years in a northern university, and visits the old man, who took him out into the garden where stood a shaft. "Sammy," said the old man, "one of my boys lies buried on one side of the shaft, and his brother on the other side. The grass grows no fresher, the flowers no sweeter over the one than over the other. Each fought for the side he loved. Who shall say which was right? Sammy the war is over." Even at this day, who can say which was right and which was wrong, or if both were not right and both wrong? And when the war between the differing systems of medicine, religion and politics

is over, as it will be sometime, who will be adjudged right and who wrong? Or may it not become evident to the more highly-enlightened reason of that future time, that both sides might have better understood each other, and reached a more correct judgment, if both had called to their aid a greater amount of forbearance and Christian charity?

For myself I do not believe that any serious opposition or antagonism ever springs up against any system and gains adherents and prominence, unless the system rebelled against has its errors, and weak points. I am old enough to remember the advent of homeopathy to this part of the country, and I well remember the venomous abuse that "the regulars," aye and the Thompsonians even, heaped on the homeopathic doctors. Times have changed. The two schools have been drawing together, thanks to the kind Providence that cleared the way by some honored funerals. The war, at any rate so far as the sword and gun are concerned, is over, and "The thing that hath been shall be again." Pardon me Doctor, we don't need more fighters. *"Pantes gar ai labontes machairan, en machaira apolountai."*

I do not propose to condemn a system, nor criticise the critic of a system about which I am totally ignorant. I know nothing whatever of Dowie or "The Holy Ghost and Us," but I have valued friends among Christian scientists, and they are far from being deluded fools. Nor are they totally ignorant of anatomy, physiology or drug therapeutics. For some of our most successful and honored physicians have entered the ranks of the Christian scientists, and they did not leave all of their knowledge,

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Every disease in its most pronounced typical form, has one unequivocal absolutely diagnostic, pathognomonic symptom.—Winters.

Vital processes of tissue cells are dependent upon alkaline tissue fluids. Reduced alkaline disintegrates red blood cells.—Winters.

skill and experience behind them. I well remember how "warm" the regulars of native city got when some of the members of the Massachusetts Medical Society went into the ranks of the homeopaths. They unquestionably took much of value to the homeopaths with them, but homeopathy had much to give them too. Isn't it too late in the history of the world to mistake invective for argument, and dogmatism for certainty? God raise up a few more men like John Uri Lloyd.

Dr. Abernethy scouts the idea of prayer cure. Well I can sympathize with him, if he will allow me to, for during the years of my early manhood I was as positive an atheist as it is possible for a man to be. But I have seen enough, learned enough, by this time to actually have some faith in James' assurance that "The prayer of faith shall save him that is sick." Why then do I use drugs? Because humanity, and I myself along with it, has drifted a long way from the Source of Life, and we need grosser forms of creative energy with which to heal and be healed, and the best that we can lay our hands on in this line is none too good. I do not believe in miracles, as generally understood, and still I cannot shut my eyes to the fact that life is the greatest miracle of all. What does our science teach us of its origin? We get as far back as spermatozoa, and there we stop. Is there something hidden back of that? Is there nothing hidden back of that? Or what shall we do with the Master's teaching, "That which is born of flesh is flesh?" And accepting His dictum, is it a wild surmise that possibly there is a plane of being that our "science" has not given

us cognizance of, and which it is not impossible that some obscure searcher may discover and bring to us? "Can any good come out of Nazareth?"

But I am not going to multiply instances in which a simply believing prayer has worked cures. The pages of Sacred Writ bristle with instances. But here is where Dr. A's explanation does not explain. He asserts that the hypnotic influences exerted over a patient makes him believe he is cured. Well, isn't he, if he believes it, and his bodily functions resume their normal activity? If the touch of a hand can allay a fever, what do I want of aconitine? That this can be done has been abundantly proved, but we take up the Pharisaical cry, "Give God the glory, we know that this man is a sinner."

Dr. A. says that "longevity is not subject to the whims, caprices, desire or prayers of any power." What then will we do with the story of Hezekiah in II. Kings, xx, 1—6? I presume I am facing a man who believes the Bible, if not I may as well lay down my pen right here. And I can see no subversion of laws here, any more than in the fact, that when a man has disordered his digestive apparatus by living in violation of law, I can clean him out with calomel, purify his stomach with sulphocarbolates, and tone him up with quassin and quinine. Why has the Creator made one thing to be the antithesis of another? He knows. And if this is true on the plane of matter, may it not be true on the higher plane of spirit, and may we not be able to set one condition against another on that plane? And may it not be true that this much ridiculed "Christian science," "mesmerism," mental sci-

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Unerring chemical laws plainly order rich potassium-containing foods and fruit acids for the rheumatic diathesis.—Winters.

Masked, equivocal, misleading expressions typify rheumatisms of childhood, the basis of nearly all children's heart diseases.—Winters.

ence" and many other "fads" have had much to do in calling the attention of the profession to the fact of the existence of certain forces that it was ignorant of, if indeed they have not revealed something of their workings?

The doctor asks "when will orthodoxy repudiate the medical relic of superstition?" Not being "orthodox" myself I am not competent to answer this question. But I am of the opinion that when "orthodoxy," or "heterodoxy," or any other man's "doxy" knocks the prop of belief in the Bible from under its fabric, the whole edifice will fall. Orthodoxy has maintained its standing to this day on its faith that certain things have been done in the past. The "Christian scientist" asserts that they may be done today under parallel conditions. And in conclusion let me quote a word from Isaiah, which may suggest a reason for our inability to do what other men have in times past: "Behold, the Lord's hand is not shortened that it cannot save; neither is his ear heavy that it cannot hear; but your iniquities have separated between you and your God and your errors have hid His face from you, that He will not hear." As suggested before, our limitations have been created by ourselves. The human race has fallen back from its Creator, and takes us all with it. We must go a round about way to cure diseases that men have cured by a word in times past. That the "fads" of the day have shown us the way out of this condition I do not assert. I hold my opinion nevertheless. But if they only serve to prove to us that we have lost something they will serve a purpose.

Just one word more. There is no objection to criticism, if it stands on just

grounds. The fact that people die under the care of the "Christian scientist" proves no more than does the fact that the majority of people die under the care of a physician. And it seems to me that, if I start out to criticise any system with the preconceived notion firmly rooted in my own mind that the system I criticise has, and can have nothing to teach me, I shall tumble over myself more times than one before I get through.

J. R. P.

—, Massachusetts.

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As a matter of "fair play" we give this hearing to "the other side," hoping that the discussion may now be considered closed. With the ostrich-like negation of reality by Christian scientists we have nothing in common, and believe that it presents dangers to which we should not be blind. But there is no doubt, as our correspondent says, that it can teach us something—if we have eyes to see and minds alert to learn. But we can not afford to be sidetracked. An exact, dependable therapy! This is our need—this our mission.—Ed.

#### SOME OPENINGS.

We are informed that there is a good opening for some bright young physician at Highlands, Macon Co., N. C. One physician has recently died there and another has been compelled to move away after becoming worn out by overwork. The business is now in the hands of an old physician 83 years old. It looks as if this would be a good place for some one.

There is also a good opening for an active-principle man at Francis, Florida.

Phosphate of potash is the predominating salt in muscle; to provide for muscle growth makes enormous demand for potash.—Winters.

The coryza of today may before the morrow spread to the smaller bronchi; like croup it onslaught is commonly at night.—Winters.

Dr. Miller, who practised there for thirty-three years, and who was one of our good friends, was recently killed by a freight train. His daughter, Miss Ada R. Miller, will gladly give any information. Be sure to inclose stamps enough to cover postage and stationery.

One or two other locations have recently come to our attention where good alkaloidal men are wanted, and there is nothing to sell.

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#### **CALCIUM IODIZED: HE'S FINDING NEW USES FOR IT.**

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I have just read the article in the CLINIC on "Iodized Lime." Now I have used iodine for some time as an intestinal antiseptic, especially in typhoid fever, as taught me by my grandfather who practised medicine in one place for sixty-three years and seldom lost a case of typhoid fever. I have been at it for three years and have never lost a case of typhoid fever in which the carbolic acid and iodine were used as intestinal antiseptics.

Three years ago I ordered 500 tablets of calcium iodate and they came while I was battling with a case of membranous croup and had about given it up as a goner when I went to the office and found the drug. I put a boy on a horse and sent him to the patient with the direction to give the child (six months old and delicate) one tablet every fifteen minutes until five doses had been given, then repeat every half hour until I arrived which I did in about four hours. I found the patient so much better that I was amazed. I then continued the drug at longer intervals until the next day when the patient was so much im-

proved I left off. The child made a rapid recovery after that.

I had opportunity to use the calcium iodized in twelve cases of croup before the winter was over with the satisfaction of seeing everyone better after the third dose was taken, except one which required five doses to do the work. I used this drug only in croup for a while and then I thought, why not use it instead of iodine in typhoid fever? Last summer I did this in a number of cases and all got well. I suggested the remedy to one of my brother physicians who had hard luck with his cases of fever and he also has not lost a case since.

This gentleman called me into a case of croup in a girl fifteen years old with whom he had been working all night with the patient getting "no better fast." With perfect confidence I exhibited the lime salt to the doctor who was fresh from college but had never heard of it. Four large doses were given and the patient was well in one hour after the last dose. The next night the attack returned and the family appealed to me. I gave calcium iodized and relieved her in thirty minutes.

I find this remedy good in a great many more troubles than croup and am getting very much enthused over its merits. I use it for coughs, colds, bronchitis, rheumatism and have seen some improvement in old cases of tuberculosis. I don't know of any drug that has given me better results in these cases and I am going to use it in other cases that I have in mind when I have the opportunity.

I have been a reader of the CLINIC for four years and find it full of good suggestions and always on the right

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Children's bronchitis: In severe cases the drug of unfailing, universal efficacy is aconite; in water only.—Winters.

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Children's Bronchitis: Cold to the cutaneous capillaries is unphysiological, pernicious; conduces to extension.—Winters.

track. I am not an alkalometrist but have used some of the alkaloids and have always found them prompt and sure in their action. I regard the aconitine, calcidin, digitalin and several others that I have used as the best preparations that can be had at this day and time.

J. M. BOYCE.

Whiteville, N. C.

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Your experience with this remedy is that of thousands of other men who are getting equally satisfactory results. Your method of treating typhoid fever also will appeal to CLINIC readers, because the principle is right, though as you doubtless know we believe in and have long taught the superiority of the sulphocarbolates over any other intestinal antiseptic. If you will investigate this remedy we feel sure that you will like it just as well as we do. Nevertheless, we have no doubt that the iodine treatment is a good one. Have other CLINIC readers tried it? But, try the sulphocarbolates, Doctor, in the next case of typhoid and see if you do not like it better.—Ed.

### THREE CASES OF CHRONIC CATARRHAL BRONCHITIS.

September, 1902, Mr. B. came to my office and after examination I found him suffering from chronic catarrhal bronchitis with profuse expectoration. On examination of the nose I found an enlargement of the left lower turbinated bone which I reduced with the galvanic cautery after applying a four per cent solution of cocaine.

I began treatment by applying an iodine solution to the nose and posterior

nares three times a week. The solution is made as follows: Iodine, grain 6; iodide potash, gr. 16; glycerin, dr. 6; water, to make oz. 1. Then I ordered one one-grain tablet of calcium sulphide, every three hours and the following prescription: Thiocol, dr. 5; syrup aurantii, oz. 8. A tablespoonful in water three times a day.

This treatment was given for three weeks when the calcium sulphide was stopped and instead I gave strychnine arsenate, 1-30-grain granule four times a day. At the end of the fourth week I reduced the thiocol to fifteen grains three times a day. This with the strychnine was given two weeks more when the thiocol was again reduced to ten grains three times a day and the strychnine to gr. 1-30, three times a day, with quassin, gr. 1-12, in addition.

This was given two weeks more and at the end of eight weeks the patient was almost well, when I stopped the thiocol and put him on triple arsenates, three granules after meals for four weeks, making twelve weeks of treatment, all the while keeping up the iodine application to the nose and nasopharynx, when I discharged him cured. Since then I have not, up to this date, received any call from him for treatment. He is a lawyer and has followed his vocation ever since and feels as well as ever.

Case number two. Mr. H. age twenty-seven, called at my office November, 1904, and after examination I found him suffering from the same disease as the foregoing patient. An examination of the nose revealed nothing that required special treatment. I used the iodine applications to the nasopharynx and I gave him the same treatment as the

Physiological chemistry forbids the use of manufactured food, and of pasteurized milk for infant feeding.—Winters.

Several footnotes are taken from writings of Joseph E. Winters, Professor of Diseases of Children, Cornell Univ. Medical College.



foregoing, twelve weeks and he was discharged cured.

The third case was similar except there was an exostosis of the right side of the septum which I removed with the saw, which gave him great relief. I began treatment as in case one and two with iodine applications, and thiocol and calcium sulphide internally. He also took twelve weeks' treatment and was discharged cured.

I wish to say that in all the cases I made an examination of the sputum and it was negative as to the tubercle bacilli but contained an abundance of staphylococci and streptococci.

W. F. RADUE.

Union Hill, N. J.

#### THE NEW ENGLAND ALKALOIDIST.

Another evidence of the spreading of alkaloidal principles is to be seen in the establishment of a bright little prophet of the "better way" in therapeutics, down in Milford, Mass.—a new alkaloidal journal. We hereby welcome into the journalistic fold, "*The New England Alkaloidist*." The journal is edited by Drs. J. M. French and N. W. Sanborn—good men both and bubbling full (may they never slop over!) of truly alkaloidal enthusiasm. The magazine is small but meaty. New England has a host of good men who should be glad to help along this new venture. Gesundheit, Brother!

#### THE TEACHING OF THERAPEUTICS.

The greatest help will be given to the solution of the questions now perplexing the professional mind, as to how to regulate the nostrum evil by a revival

of interest at our colleges in the teaching of Therapeutics—when the pathologist, the surgeon and the bacteriologist are not allowed to monopolize the student to the detriment of the subjects of Therapeutics and Practice with which the majority of average men, during professional life have most to do.

We have made an extensive study of this subject, consulting the announcements of all the principal colleges and as many teachers of Therapeutics and Practice as we could reach, all of whom assent emphatically, to the position taken above.

To stir things up a bit, to get those that must think to thinking we availed ourselves of the statements found in their printed announcements and among the footnotes in the January CLINIC published the following:

"The Michigan College of Medicine and Surgery leaves Therapeutics in the hands of a Clinical Assistant and Lecturer."

"The University of Kansas has on its Faculty twenty-seven Professors of Surgery and not one on Therapeutics."

Now we are informed by members of the faculty of the Michigan College of Medicine and Surgery, that Dr. J. A. Patton has been for fourteen years the honored and efficient Professor of Therapeutics in that school. We are glad of it. From what we have heard of Dr. Patton we are convinced that few physicians in Detroit, if any, could fill the chair as satisfactorily, and his presence as its incumbent is sufficient warrant that the students of this college receive ample instruction in that most important branch.

We may add that the mistake on which

The dramatic quality of major surgery in the practice of gynecology overshadows minor procedures.—Link, *Med. Monitor*.

Medical and minor surgical gynecology is of greater importance than that which calls for capital surgery for its correction.—Link.

our footnote referring to this college was based, resulted from the fact that neither in the official faculty list of the school nor in the schedule of lectures issued by it is any professor named as incumbent of the chair of Therapeutics. Instead Dr. Patton is entitled simply Professor of Gastroenterology. We are informed that this was a printer's mistake, and not due to the fact that Dr. Patton is ashamed of the chair, or that the college is ashamed of having such a chair. Good again! We are glad to find ourselves wrong in a right cause. But it certainly is not right that so egregious an omission should twice pass uncorrected in the official publication of the school.

As to the University of Kansas, the authorities inform us that they have several members of the faculty devoted to the teaching of balneotherapy, massage and electro-therapeutics, while several of the teachers assigned to the chair of Internal Medicine give courses in general therapeutics during part, at least, of the year; Pharmacy and Materia Medica in the meantime being under the very efficient direction of Professor Sayre, a man of national reputation in this field.

So far as the teaching of the students in the school is concerned it is probable that Therapeutics is fully and amply provided for. We know nothing to the contrary. But we must say that we do not consider it consistent with the dignity of that honorable chair that its functions should be divided up among representatives of the less important branches of Therapeutics—that of the specialties named—or simply assigned to men oc-

cupying departments of another chair, that of Practice of Medicine.

As usual it devolves upon the CLINIC to stir things up.

As usual, we "get it in the neck;" but that part of our anatomy, like all the rest, is thick and strong and we are willing to temporarily arrest the blow that good may be accomplished.

Walk up brothers of the departments of "how" and "why" and assert your rights. It's up to you whether your students shall go out so well grounded in the therapeutic art that they can cope successfully with disease, or shall be imbued with therapeutic nihilism and the impression that if Procrastination and Nature will not cure the case, the only thing left to do is to send for a surgeon to "cut it out."

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#### CORRECTION.

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We regret to say that the name of Dr. Theo. Hagen, the author of the article on "The Curative Abortability of Angina Pectoris," was spelled Hogan in the last number of THE AMERICAN JOURNAL OF CLINICAL MEDICINE. Take a pen and correct this in your CLINIC.

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#### THE LATE DR. BRODNAX.

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We are informed by the family of the late Dr. Ben H. Brodnax that the doctor left nothing whatever to his family, excepting the house and a small farm. His son is seeking to support the family by cultivating the farm, but is in need of funds for stock, farming utensils, etc. It would be a kindly act for those who appreciate the unselfish work done by Dr. Brodnax to think of this: Suppose

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In pruritus vulvæ look for diabetic urine, entropion of vulvar hairs, leucorrhea from endometritis, scabies and pediculi.—Link.

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Gray finds iron salicylate a powerful antipyretic without diaphoresis. He applies it locally in erysipelas.—N. Y. M. J.

we each out of our surplus send a dollar to young Brodnax. The aggregate will be, we trust, enough to relieve the family from the embarrassment in which they are placed by the death of their breadwinner. The son's address is Louis Brodnax, Brodnax, Louisiana. I shall send my dollar, not as a charity, but because I have received at least that much entertainment and edification from Dr. Brodnax's writings.

This suggestion is spontaneous, and I need hardly say has been taken without the knowledge of Dr. Brodnax's family, who might misunderstand its meaning.

W. F. WAUGH.

#### THE WAYS OF A WOMAN.

In reading your excellent comment and advice on Query 4863, November CLINIC, and your reminder of the wise man's saying that "the ways of a woman are past understanding," I recalled a number of cases which verify your remarks, one of which rises vividly before my mind's eye.

It happened about twenty-five years ago in a small farm house in the hills of Wales. At the time I was an assistant to a medical man, and one morning a hurry call came for a doctor to go and see a case of "colic." I was detailed to attend and mounting my horse we soon covered the four miles intervening. On getting there and inquiring who was sick, the mother told me that her daughter was having hard spells with "colicky gravel" (gravel colic) and had been suffering for two or three hours. I did not mistrust anything but went into the bedroom to see the patient.

She was a young woman of twenty-four. Just then she seemed fairly comfortable

and I was taking her pulse and asking some questions when a hard spell of the "colic" came on and, although rather young in the profession, I had seen enough obstetrical cases to recognise the ear marks of a good labor pain, and this was a good one. I put my hand on the abdomen and found an enlargement, so I took the mother aside and asked her if she had any misgivings as to what ailed her daughter. She said she had mistrusted the character of the pains but that her daughter had solemnly sworn that she was not pregnant. (The girl had been away from home for some months and had only returned two days previously.) I told her I was certain that the girl was in labor and that I wanted to examine her and for her to get me hot water, etc.

The daughter strongly protested against it but the pains coming on, good and strong she could not help herself and I made the examination and found she was nearing the completion of the second stage. I told her to cheer up, that the pains would soon be over and she would have a fine boy or girl in a quarter of an hour. She swore by this and by that, that such an event was impossible, that she had never known a man, and, that if a child was born, its father must be the Holy Ghost. But, notwithstanding her protestations a bouncing boy was born and its lusty squirming and squalling pronounced him very much of the human.

ELLIS G. ROBERTS.

Fair Haven, Vt.

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In very truth the ways of women *are* "past finding out." The doctor's experience most of us can duplicate.—Ed.

Like most glucosides strophanthin is liable to be decomposed in watery solutions.—*Central States Medical Monitor*.

The best way to give calcium sulphide is in a gelatin-coated pill.—*Med. Monitor*. Wrong; gelatin coating is inferior to sugar.

# AMONG THE BOOKS

## COOPER'S PREVENTIVE MEDICINE.

We have before us another of Dr. William C. Cooper's inimitable brochures, a duodecimo of 147 pages. Anything of Dr. Cooper's will be welcome by every reader of his exquisite little book on Immortality. The present work, however is of an entirely different character. In it he gives utterance of his views on the philosophy of therapeutics; and however much we may disagree with the writer we will find the book entertaining and instructive.

As intimated above, with many of his views we are compelled to differ—not, however, with that one expressed on page eight, where he recommends castration for the professional criminal. This remedy is so obvious, so admirably fitted as a deterrent of crime, that we must marvel at the lack of perspicuity on the part of our legislators that they have neglected it. With his views on vaccination, we must differ in so far as concerns the weight he gives to the arguments of the antivaccinator, with whose lack of veracity he is evidently unfamiliar. He quotes as an illustration the Cleveland experience where, despite a "carnival of vaccination" there was a correspondingly large prevalence of smallpox. Dr. Cooper has evidently accepted without investigation the antivaccinator's sly suggestion that vaccination caused the smallpox. Every student of vaccination knows that for each case of smallpox which occurs a certain number of persons will be vaccinated;

hence, the smallpox is the incentive for vaccination. Moreover, the smallpox almost exclusively occurs in the very large number of persons who do not have recourse to vaccination. This puts an entirely different face on the matter.

In the second part of this book Dr. Cooper lays down several propositions which furnish food for thought. We will take the second, which is, "What will make a well man sick, will make a sick man sicker." That depends. As a universal rule it would not stand. An emetic will make a well man sick, but if he be already sick from the presence of unwholesome food in the stomach, the emetic will relieve him and not make him sicker in the obviously intended meaning of the term "sick." We conclude that Dr. Cooper means that a drug which will produce symptoms similar to those already displayed by the patient, will increase the sickness—and this he can fight out with the homeopaths—we pass.

We come to this third proposition, which reads: "Food is food and medicine is medicine." Dr. Cooper seeks to draw a radical distinction between the two. First, because two words are employed to designate the two. This, then, would constitute a radical difference between a fluid and a liquid; a horse and a steed, or nag. We have taken up this question elsewhere, and would refer the reader who is interested in it to a paper in the *New York Medical Record* of January 6th, entitled: "Selective Absorption by the Cell." In this we express our belief that no such dis-

tion can be drawn. Table salt may be employed as a food, as a medicine and as a poison.

Dr. Cooper's arguments against the tissue feeding theory are, however, well founded. The administration of the fraction of a grain of any substance, many grains of which are taken every day with the food, cannot be credited with any real dynamic influence upon the functions of the human body. The same reasoning demolishes the homeopathic infinitesimals, since the human body daily absorbs with the air, as well as with food and drink, countless emanations from countless remedial agencies.

One of the most important parts of Cooper's work is his antagonism to iron as a therapeutic agent. He claims that iron is absolutely useless as a medicine. Niemeyer, the greatest therapist of his time, stated that the administration of iron in large doses, in chlorosis, constituted one of the most brilliant triumphs of therapeutics. Dr. Cooper fails to distinguish between the fact of a remedy being of therapeutic value, and the explanation which is usually accepted as to its mode of action. The first may be a fact and the last a fallacy. Moreover, he assumes that anemia being a secondary process, the only possible and the all-powerful treatment must be the removal of the cause. We find a huge boulder on the top of the hill; we give the boulder a push, starting it to roll down the hill; the cause evidently was the push, but although we have ceased to push, the boulder keeps on. Evidently there are limits to the causal treatment of disease. As to anemia, whatever may have originally caused this condition, its continuance may be

the principal obstacle to restoration to health, a vicious circle being established. By enriching the blood we furnish better materials to the digestive glands, enabling them to furnish better digestive secretions; the improved digestion furnishing a better supply of reconstructive material to the blood. This is not theory but amply demonstrated fact.

Dr. Cooper is right in urging particular attention to the causes of anemia, but he is wrong in limiting the possibility of effective therapeutics to the treatment of work, the fault we have to find with such causes. In fact, through the whole Dr. Cooper is that he gives more weight to his arguments than they deserve. No argument is conclusive which cannot be reduced to the syllogism. His arguments are variations of analogy, which is never conclusive because we can always cite analogies on the other side. Hence we must dissent from the positiveness with which he claims his deductions as absolute.

He objects to symptom medication; but here, too, there is something to be said on the other side. Hilton called attention to the idea that when pain is passed along a nerve track, the effects of a remedy can be passed back along the same route. Also, if any pathologic process is expressed by any symptom-group, what will relieve the latter does so by striking at the pathologic conditions that gave rise to the symptom—even if we can not tell exactly what these may be. Unfortunately our knowledge of physiology is not yet so nearly perfect that we can dispense with such indications as yet.

We have taken so much space for our objections to the book that we must

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Don't sit down and sadly mumble,  
Don't let others hear you grumble—  
Take a good hot bath.—S. E. Kiser.

Do not, nursing anger, frown—it  
Doesn't pay—go home and drown it  
In a good hot bath.—S. E. Kiser.

leave to the reader the pleasant task of appreciating its excellences. Many valuable therapeutic suggestions are made in its pages and the collection of brief "Cooperisms" in the back is particularly relishing. The author's charming personality and his earnest desire to benefit humanity are apparent in every page.

It is certainly an excellent piece of mental gymnastics to follow his elusive reasoning, which reminds one of Laven-gro's gypsy.

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**LEWIS'S ANATOMY AND PHYS-  
IOLOGY FOR NURSES.**

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Anatomy and Physiology for Nurses, by Le Roy Lewis, M. D. of the Lewis Hospital, Bay City, Michigan. Illustrated. W. B. Saunders, & Co., Philadelphia and London, 1905, \$1.75.

The book is well adapted for its purpose. Text and illustrations keep to that which will facilitate the nurse in her duties as a real help to both attending physician and his patient. In the progress of our practice the nurse must have her share of knowledge in order to efficiency. This book will be a means to this end. On page 249, line seventh from top should read "various openings" instead of "vessels opening."

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**HOWELL'S TEXTBOOK OF PHYS-  
IOLOGY.**

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A Text-Book of Physiology for Medical Students and Physicians. By William H. Howell, Ph. D., M. D., LL. D. Professor of Physiology in the Johns Hopkins University, Published by W. B. Saunders & Company, Philadelphia and London., 1905. Price \$5.00.

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I have never taken any exercise except sleeping and resting, and I never intend to take any.—Mark Twain.

Dr. Howell, the author of this work, is one of the best known physiologists in this country, both as teacher, original investigator, and editor of the *Journal of Experimental Physiology*. It was therefore to be expected that this book would be one of the best of its kind—as it has proven to be. It not only presents the accepted facts in physiology but gives the most important theories, and gives them in such a way that any careful student of good fundamental education can grasp them without difficulty. The work represented is the most modern. The antiquated ideas that still find place in too many works on physiology are not reproduced here. The perusal of this book brings home to the reader the indebtedness of the physiologist to the collateral sciences of physics and chemistry.

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**THORNTON'S DOSE-BOOK AND  
PRESCRIPTION WRITING.**

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Dose-Book and Prescription Writing, by Professor E. R. Thornton of Jefferson Medical College, third edition, is one of the most useful books in this line we have seen for a long time. Aside from the usual tables of solubilities, weight and measure systems, etc., it has an ample amount of medicinal Latin instruction, sufficient to insure both present and future physicians against the disgraceful ignorance which is to be not infrequently met with when compounding their *suillistical* Latin prescriptions. Then too it is to be praised for the number of alkaloids, about thirty, which are listed with their doses. We take this as a happy omen for the not distant triumph of alkaloidotherapy, from which

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It took Harvey 25 years to convince the great London surgeons that blood, not air, coursed through the arteries.

to alkalometry is but a short rational step. This method does not preclude good prescription writing. We cannot urge too much on students and prescription-writing physicians to get, and familiarize themselves with the book. On page 200 under "anti-cholera vaccine" the misleading word "plague" should be left out. By that word we understand now bubonic plague, and Haffkine discovered a separate vaccine for both cholera and the bubonic plague. The make up of the book is in the fine and substantial style of W. B. Saunders and Co., Philadelphia and London, 1905, \$2.00.

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#### BERG'S SURGICAL DIAGNOSIS.

Surgical Diagnosis. Dr. A. A. Berg, Surgeon to the Mt. Sinai Hospital, New York, has laid students, recent graduates and general practitioners under a weight of obligation with this book. It contains every symptom known that has any relation to external and internal diseases that are, or may become subject to surgical interference. It does not elaborate its multifarious subjects, but neither does it omit anything of value in surgical diagnosis, and the faithful physician will find his way, when rightly pointed, as he is in this book. Publishers, Lea Brothers and Company, New York and Philadelphia, 1905. \$3.25 net.

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#### NEISWANGER'S ELECTRO-THERAPEUTICS.

Electro-Therapeutical Practice, by Dr. Chas. S. Neiswanger, of the Post-Graduate Medical School of Chicago, is designed as "A Ready Reference Guide for Physicians in the use of Electricity." For

this purpose it is a most excellent and up-to-date book. It is not a book for beginners either in electrotherapy or in medicine, but rather for those already more or less advanced in both. It should suffice to recommend a book when it has, like this one, reached a twelfth edition.

Published by Ritchie and Company, Chicago, 1905. \$2.50.

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#### STEVENS' MATERIA MEDICA AND THERAPEUTICS.

Modern Materia Medica and Therapeutics, by A. A. Stevens, A. M., M. D. Fourth thoroughly revised edition. Quite a useful book in its way, and in line with official therapeutics which is, however, not over and always "modern." The rank and file of the profession are more alert than those whom it chooses to recognize as its official mouthpiece, who of right must be slower in adopting new ways and means. Publishers, W. B. Saunders & Co., Philadelphia, and London, 1905. \$3.00.

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#### OSTROM'S MASSAGE AND SWEDISH MOVEMENTS.

Massage and the Original Swedish Movements. The author Kurre W. Ostrom of the University of Upsala, Sweden, has been a well known and accepted teacher of these branches in many medical institutions in this country. These subjects as therapeutic means cannot be neglected now in practice, for they are both called for and they are useful. To learn the practice or to refresh one's memory of what we have learned this book will be a good help. Publishers, P. Blakiston's Son & Co., Philadelphia, Pa., 1905. \$1.00.

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Jenner was expelled from the medical society for advocating vaccination. Hunter said to him: "Don't think, but try."

After twenty-two years' study of vaccination Jenner could not induce the London physicians to make a trial of his method.

# CONDENSED QUERIES ANSWERED

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## ANSWERS TO QUERIES.

ANSWER TO QUERY 4915:—Vicarious menstruation is a condition which occurs so infrequently and as I had believed, responded so promptly to treatment, that literature had but little to give. I have had but one case to treat during my twelve years' practice. This case occurred about six years ago:

An inmate of the Florence Crittendon Home, age 19. One child who died in convulsions when five months old; had nursed child during its life. Menstrual history previous to pregnancy normal. Short time after death of infant, mother was attacked with hematemesis, which occurred again in twenty-eight days, and a third attack twenty-eight days later when she was brought to my office. During the intervals she felt perfectly well. Each attack lasted for a period of three days. She was given a uterine tonic of viburnum, macrotys and pulsatilla (I have forgotten the exact combination) which she took regularly until her menstrual period occurred the following month. It was then normal and continued to be normal as long as she was under my observation.

Epistaxis is a condition frequently found in young girls at puberty although this may not be called vicarious menstruation as the menses have never appeared in the cases I have treated. These girls frequently complain of general malaise, headache, intestinal or gastrointestinal disturbance. These cases respond nicely to uterine tonics with correction of the other abnormal conditions.

It might be of benefit to a few to state here, that anemic girls at puberty who do not have epistaxis, but severe and frequent headache, will be benefited by a combination of iron and manganese;

the manganese exerts a special action on the generative organs. Each case should be studied independently, as what will benefit the one, exerts but little influence over the other. The clinical indications and the therapeutical applications should be studied side by side, and pleasing results will surely follow, but too frequently the beautiful, palatable compounds are substituted and the results you know. The physician becomes a skeptical therapist and the patient, a patent medicine fiend. Medicine is an applied science and each should strive to make it such.

E. W. RITTER, Williamsport, Pa.

ANSWER TO QUERY 4915:—In regard to Query 4915, "Vicarious menstruation," I wish to say I have never failed on a case of that kind by giving them bryonia 6 x t. i. d., three weeks before the expected time.

No doubt the same results would be obtained by bryonin but I have not tried it as yet.

E. H. GRIFFITH, Denver, Colo.

ANSWER TO QUERY 4934:— Bro. J. C. W., West Va. (Query 4934), in the February issue asks for help for "acidity." I am afraid our wise and hustling editor gave him too long a prescription. Let's make it shorter. Stop the acid-making food, sweets, bread, grape nuts, starchy foods; allow very brown toast and hot sweet milk for breakfast and supper, and beef or "a bird on toast" for dinner. This, if he doesn't want to get rid of patient too soon (able to pay for his services), to hasten cure, give saline laxative before breakfast and two



"digestive" tablets after meals. Cause of trouble too much food and little exercise or bad teeth; return to carbohydrates and hydrocarbons slowly.

CONRAD E. COOK, Mt. Meigs, Ala.

ANSWER TO QUERY 4955:—"Night Terrors" We have some cases of this disease in children of less years than the one noted. The impression we have is that the remedies recommended are not always satisfactory in bringing about a cure, and as the treatment used by us in every case—ranging in age from one day to about two years—has given permanent results in a few days' treatment, we give it for the benefit of those who are interested. The practical side being of especial interest we mention the case of an infant, aged nine months, who had been under the care of a doctor of large experience from the time of its birth with negative results. This case was cured in eleven days by the use of the English bougie of proper size. In the case of a child of about two years the use of the English bougie effected a cure with permanent results in about two weeks. In all the cases we have seen, on examination, there was found a nasal stenosis caused by a growth in one of the chambers of the nose, in the meatus

inferior, the other being normal. The English bougie is inexpensive, the different sizes that can be made to fit any case are easily obtainable and their use is simple. Apply some vaseline, push the bougie along slowly through the whole length of the lower meatus and after a minute or two remove. It will be noted that the treatment as used by us has been in children ranging in age from two years down to one day; in older children, where ossification has commenced and been progressive, we should not hesitate to use the saw, drill, etc. With us, in every case of night terrors our first aim is to exclude occlusion of one or the other of the nasal chambers and if this is impossible we would try to correct it and thereby obtain the principle of the treatment.

R, Ohio.

IN ANSWER TO QUERY 4958 will say, your case of rosacea will get better results from the x-ray treatment, than otherwise. The treatments should be given every day for a week or ten days, then a rest of one week and repeat. Sometimes it is necessary to carry the treatment almost to the point of burning. Should burning occur apply osmotic glycerinized paste and be happy.

A. T. BOTTS, Warrensburg, Ill.

### QUERIES

QUERY 4960:—"Sudden Death." Male, twenty-one years old, moral and clean family history, lived in country. On arising one morning he fell as he was coming down stairs (one of his legs gave way). He fell twice more during the day, and near its close went to bed, as he could not walk. No pain, pupils widely distended, no complaint, at times would answer questions and then again would not for a few moments. Grew worse and in eight or ten hours became unconscious, throwing his arms and trying to get out of bed. Succeeded in administering two doses of calomel (twenty grains each) two hours apart, and with

the last gave three drops of croton oil. He perspired profusely and came to his mind in twelve hours, and talked rationally for a day; then relapsed into coma and died. He had not taken any medicine previous to the attack, but had been in poor health some weeks. He was a strong, healthy person. Tell me, Doctor, what it was.

J. W. S., North Carolina.

We give your query to the CLINIC "family" and will let them answer it if they can. We take it that the "falling down stairs" was *caused* by the sudden paralysis (or whatever it was), not the

Vaccination was denounced as diabolical, making victims ox-faced, sprouting horns, till successful; then they tried to steal the honor.

Jenner came near being buried alive, and his practice fell away from him; those vaccinated were stoned by the people.

cause of all the subsequent troubles. You do not give any of the prior symptoms, neither do you give enough data relative to the condition of patient prior to death, to enable us to form a clear idea as to the nature of disease. The "widely-dilated pupils" may have meant aneurism, tumor of brain (though here we usually have unilateral dilation) myelitis (cervical portion), anemia of brain (from any cause), apoplexy, meningitis (simple or tubercular), or cerebral thrombosis. Epilepsy, concussion of brain, alcoholism and poisoning, may of course be excluded. If the man merely fell from sudden faintness or paralysis of limb, he might have suffered a concussion which would cause the symptoms and death, but this we take it was not the case. You do not state result of medication; did purging result? One must think of meningitis (possible tubercular) with possible hematoma: the prior symptoms would throw light on this point. Patients have been seized with similar symptoms while in apparent health and died in a few hours, autopsy revealing the hemorrhage which set up the paralysis and apoplectiform condition. Give, if you can, all the facts relative to his condition prior to seizure—especially note *vomiting* or headache. In the meantime, what does the family think of the case? From the few facts offered what caused (1) the falls (2) the later coma and death? And what about the *treatment* indicated?—ED.

QUERY 4961:—"Trachoma." A case of granulated lids (*conjunctivitis granulosa*); has never been treated any length of time by any doctor. Case is of four years' standing, a laborer, works

now all the time. Granulations worse under upper lids; looking through glass at lids has appearance of smooth areas between the grape-like bunches of granulations. Every morning purulent secretion adheres to lids. Patient is man stoutly built and only 25 years of age. He says he can't see as he used to. His health is generally good. Have prescribed zinc sulphate gr. 2 to water oz. 1, 3 times a day locally; saturated solution boric acid between applications of zinc. Doctor, could you hope to cure this man with local treatment alone? I have promised a cure inside of 6 months, which of course is contrary to the orthodox rule, but in such a case if doctors cannot promise cures we have little consolation for the sufferer.

J. E. H., Texas.

Your case of trachoma may be cured within three months by proper treatment (medicinal), or within three weeks by operative measures. Conjunctivitis granulosa is a serious disorder but quite curable unless marked photophobia, vascular keratitis and iritic disease complicate. The best method of treating is by expression. Evert the lids (after anæsthetising patient) seize the loose conjunctival rolls with forceps and slowly express the contents of granulations. Continue till all growths have disappeared. Do one eye at a sitting. Wash well with boric acid solution, leave the eyes open, and after a few days apply astringents—tannic acid in glycerin gr. 10 to the oz; or alum solution may be used; a 50 per cent solution of boroglyceride in glycerin may be used also with safety. Use Knapp's roller forceps for expression.

If you don't like to tackle this (but it is the best plan) then try this: Evert the lids and paint the surface with ichthyol dr. 5; aq. dest. dr. 4; glycerin dr. 1.

Jenner triumphed, as will all who have the patience, the application and the perseverance to seek out the truth.—Anderson.

Camphor 4 gr., almond oil m. 20; hypo—exceedingly valuable cardiac stimulant for use in sudden heart failure.—Porter, *Post-Grad.*

Leave on for ninety seconds, then wash off with warm water. This is A 1. Or, cocaineize and apply formalin solution 1-2000; later 1-1000. To prepare have pledgets of cotton soaked in very hot water (borated) held to eyes several times daily for some days; instill q. i. d. a sol. of atropine gr. 2 to oz. Then try the ichthyol and if this fails do expression. Cleanliness, delicate touch and thoroughness are the essentials. Internal treatment should consist of such measures as are requisite to keep the bowels clear and aseptic, preventing autotoxemia, which is perhaps more disastrous to the delicate structures of the eye than to any other part of the body. The morning saline and a few tablets of sulphocarbolate do wonders in aiding the proper local treatment.—Ed.

QUERY 4962:—"Ulcers: Turpentine." I notice you say to use "pure turpentine" on leg ulcers. Do you mean pure spirit of turpentine? I have a case of very bad leg-ulcer. Spirit of turpentine will blister true skin. Where do you get another form of turpentine?

W. H. McB., Indian Territory.

Oil of turpentine and pure spirit of turpentine (Merck) are the same thing practically. The rectified spirit of turpentine is the thing to use. While turpentine will blister the true skin if confined it will not so affect degenerated and raw tissue such as you find in abscesses or ulcers; but it will stimulate granulation wonderfully, and it is, without exception, the best local stimulant antiseptic at our hand. The writer has used turpentine (Merck) for years, and has succeeded in closing ulcers with it that had caused everyone else to throw up their hands. Take a piece of gauze,

fit it nicely into the ulcer, drop turpentine on with a dropper or paint the surface of the ulcer with a camel's hair brush soaked in turpentine, cover with two or more thicknesses of gauze and bind snugly. Support carefully by your dressings, to remove all strain. Repeat daily for two or more days, then use the "applied blood" treatment, and graft if necessary.—Ed.

QUERY 4963:—"Uricacidemia." A lady 63 years old, blind in both eyes, caused by glaucoma, probably of rheumatic origin; is very anemic, confined to her room greater part of time, suffers constantly from pains in her head, principally over supraorbital and mastoid regions, and is a martyr to earache. She has no organic trouble that I can discover; her heart is weak, due to her anemic condition; kidneys act well, no albumin or sugar; bowels slightly constipated. Appetite generally very good. Suffered greatly for many months from rheumatism of right shoulder-joint, resisted usual medicinal treatment, finally yielded to daily applications of galvanic current. She frequently has very severe attacks of sciatica—left leg. I have used the following remedies to little avail, I am sorry to say: Saturated solution potassium iodide, sodium phosphate, lithium and various salicylates, glycerophosphates, iron, quinine and strychnine. Otoferrin, Fowler's solution, nitroglycerin, coca wines and anodynes to relieve pain when suffering acutely.

H. F., Maryland.

We would expect to find in this case some local disease about the ear—possible a foreign body in the external auditory meatus. Don't shoot, Doctor, we once took six orange seeds and a shoe-button from the ears of a child whose "otorrhea" had resisted several better men than ourselves. The throat should of

Strychnine, camphor and caffeine are the most valuable cardiac stimulants that we have; latter aids tissue formation.—W. H. Porter.

Caffeine moderately raises general arterial tension but positively lowers it in the splenic arcade and renal arteries.—W. H. Porter.

course be examined as well. With relief from any local source of suffering her system would rebound at once. In the mean time all we can suggest is to keep the bowels clear and aseptic, tone up the vital functions with the arsenates of iron, quinine and strychnine, and regulate her diet to her needs, supplementing weak digestion with papayotin enough. The pain is so evidently due to local causes that we dare not advise anodynes.—Ed.

QUERY 4964:—"Veratrine." I gave an elderly man aconitine and veratrine granules every half-hour to control fever, and he complains of them burning his stomach so much that I had to stop them. What caused this? Is it a common effect? I have had some similar cases before this one. I give these as antipyretics exclusively—am afraid of the coal-tars.

J. B., Indian Territory.

This burning is exclusively a veratrine effect, and indicates the presence of hypermia or acute catarrh in the stomach. Give this drug well diluted, a granule in half to one glass of water, or after meals, when this effect is manifest. Subdue the gastric irritation by a dram of soda in a full glass or pint of hot water an hour before each meal and five granules of silver oxide gr. 1-12 each half an hour later, for a week; then try the veratrine again.—Ed.

QUERY 4965:—"Giant Shingles." What is giant shingles?

L. H. J., Pennsylvania.

The term "giant shingles" may be employed to designate the affection otherwise known as giant urticaria or angioneurotic edema; or be applied to zoster with unusually large vesicles, as

sometimes are seen along the sciatic nerve.—Ed.

QUERY 4966:—"Ethyl Chloride." Can you tell me anything about ethyl-chloride anesthesia? Is there not an apparatus for giving this anesthetic? Is it safe and effective? Is ethyl chloride used to any extent for surgical work and would you recommend it in place of ether or chloroform.

A. C. B., Pennsylvania.

Ethyl chloride is being used very largely both in Europe and in this country. A great many surgeons are most enthusiastic about it and in most of their work prefer ethyl chloride to any other anesthetic. For very short operations, especially about the mouth or nose and throat or for dilation of sphincter ani, etc., ethyl bromide is selected. Children take ethyl chloride especially well; alcoholics do not. Anesthesia is rapidly produced (in one minute often), insensibility lasting, without any further exhibition of ethyl, for three or four minutes. Cyanosis is never seen; the patient relaxes, sees, hears and feels nothing and awakens as a rule remarkably free from nausea or headache.

Primary narcosis may be produced with ethyl chloride and anesthesia maintained with ether or chloroform. While ethyl chloride may be sprayed from the ordinary capillary tube used for local anesthesia into a cone or onto a mask it is best to use the inhaler devised by Dr. Green. This is an extremely simple affair and not at all costly. It consists of a rubber face-piece attached to a large metal elbow terminating in a soft rubber bag. Obliquely entering the long arm of the elbow is fixed a smaller metal tube through which the ethyl chloride

Caffeine does not occasion intensely high arterial tension but produces steady and uniform vascular tone.—Porter, *Post-Grad.*

Caffeine slowly but steadily increases the force and frequency of the systole; acts as a most perfect diuretic.—Porter, *Post-Grad.*

is intermittently sprayed directly into the bag.

The chief advantage of this type of apparatus lies in the fact that the patient inhales a mixture of ethyl chloride and carbon dioxide, which appears to be more strongly anesthetic than the ethyl chloride alone. Less of the ethyl chloride is needed, therefore, and moreover, none of it is wasted.

With ethyl chloride, ordinary precautions are required as with nitrous oxide.

The muscles are slightly contracted at the beginning, but if the anesthesia is pushed to a long period they relax. The respiration increases, pulsation slightly increases in number but not in force, higher centers appear stimulated (a distinct advantage) and the patient is not at any time cyanosed.

Green thus describes the use of the apparatus in dentistry:

"Merely spray a small amount of ethyl chloride into the admission tube, cover opening of same with your thumb, allow patient to take six or eight inhalations, then repeat this procedure until patient snores; when the stage for operation has begun, work leisurely, as patient will be sufficiently anesthetized for a number of extractions. Three grams of ethyl chloride usually suffice; five grams is about the maximum amount required. A container with self-closing device is most practical; if possible, have it graduated and with heavy spray, as this economizes time. Contraindications same as for nitrous oxide. Patient revives normally without after-effects; vomiting may occur, but of no severity."

We understand that the Green inhaler is now marketed by the makers of antidolorin (a special ethyl chloride for

general anesthesia) as the *antidolorin* inhaler.

In using ethyl chloride it is essential to obtain a reliable product and the doctor should become familiar with the spray tube before using it in practice. He should also refrain from using the vapor near a naked light. The writer some few years ago nearly lost his hair and beard by carelessly dropping a tube full of ethyl chloride on the floor while operating by a gas light. A sharp explosion promptly took place and hair, beard and hands suffered. That the anesthesia is satisfactory is proved by the fact that the patient on the table never knew what happened and his abscess was opened without his experiencing any pain.

Ethyl chloride will unquestionably become the most popular anesthetic. It is easily carried, can be exhibited by the doctor without any "fuss," is safer than chloroform, not costly and does not cause unpleasant after effects—or very slight discomfort if any at all. Moreover local or general anesthesia can be produced with the same tube. Its rapid action is also a point in its favor. For prolonged operations—those lasting ten minutes or over—ether or chloroform will still be used but for all minor work ethyl chloride is even now the anesthetic of choice.—ED.

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QUERY 4967:—"Cancer: Piles," I want to make a plaster that will not be painful for cancer of the face. In the May, 1901, CLINIC, page 421, the editor directs "arsenic one part, flour three parts, saturated solution cocaine q. s. to make a paste." Would you still advise this and does it keep down the pain from the plaster? Would there be any absorption of the cocaine?

Have you had any experience or re-

Caffeine tends to improve the nutritive interchange between the blood in the arterial capillaries and perivascular tissues.—Porter.

Strychnine applied directly to the spinal cord has no effect; it must pass through the liver first and be oxidized.—Porter.

ports on the use of chrysarobin for piles? If so, does it cure the pile after two or three months' use?

E. E. P., Missouri.

The pain caused by the plaster of arsenic is considerable in some cases despite the cocaine; in other cases it is practically *nil*. There is no absorption of cocaine, the character of the tissues preventing it. The writer has used this preparation in several cases with very gratifying results. Poultice after the twenty-four hours, until the slough separates and then dress (using the applied blood treatment), scattering small grafts of skin over the denuded area unless the lesion is a very small one. If you have a very large growth the saturated solution of cocaine might be considered weakened; using, say, five to ten per cent; or if you have any hesitancy or fear use eucaine or a mixture of cocaine and brucine, equal parts.

Chrysarobin is a peculiar drug and has not given the writer the satisfaction others seem to have derived from its use.

In these days when the injection of hemorrhoids is so well understood it seems to be poor practice to treat the tumors in any other way. Use a strong carbolic acid solution,—carbolic acid three parts, olive oil one part (or half and half) and you will destroy the hemorrhoidal tumor thoroughly and safely. The trouble hitherto has been the use of a too weak solution. The "hemorrhoidal astringent" is probably one of the best applications for hemorrhoids in existence. Internal medication depends somewhat upon the conditions present, aesculin, hamamelin and salines being always indicated however.—Ed.

QUERY 4968:—"Dysmenorrhea." I

have a lady patient aged 47, the mother of two boys, one sixteen years, the other fourteen years old. For the last two years during her monthly periods she has suffered almost unbearable pains. The day after menstruation begins she begins to feel a pain which commences in the left ovary and gradually spreads over the whole body, accompanied by more or less fever. There is no development of either ovary or uterus. There is no spasm. I have cleaned her up, cleaned her out and am keeping her clean. I have used Buckley's tonic, gelsemin, glonoin and hyoscyamine, in fact everything but morphine. She takes a uterine douche every night, stopping three or four days before the expected period, from all of which she has received no benefit.

W. R., Montana.

There is something radically amiss in this instance and we strongly urge you to make a minute bimanual examination, noting carefully the condition of all the pelvic organs. Of course, the time of life is favorable for these disturbances, but you will probably find some tubal or ovarian involvement. Palpate very carefully. We will suggest that you give viburnin two granules, aletrin two, and macrotin, one, every four hours, with a little hot water during the intermenstrual period; enough sulphur compound granules after each meal to keep the bowels fairly open with a saline in the morning the first thing on arising. Twice a week flush out the bowel with hot saline solution and apply to the os uteri about a week prior to the expected menstruation, a wool tampon soaked with carbazol one dram, iodine 1-2 dram, boroglycerin one ounce, glycerin four ounces. If the pain materializes give atropine valerianate, one granule every ten or fifteen minutes with a little hot water; or you may give gelseminine,

Convallamarin strengthens and prolongs the ventricular systole; due largely to lowering abnormally high tension.—Porter, *Post-Grad.*

It is said that convallamarin stimulates the right heart rather than the left, specially in pneumonia.—Porter, *Post-Graduate*.

anemonin and cicutine hydrobromide one granule each, in hot water, every fifteen minutes till effect.—Ed.

QUERY 4969:—"Chancroids." I wish you would help me out in a case of chancroids which have been in existence for months. Am using pure carbolic on sores, then cauterizing with nitric acid, applying a little ichthin and dusting with calomel powder once a day; washing with bichloride and green soap. As soon as one heals another pops up again to my great annoyance, so, help! help!

E. V. K., Ohio.

• As to your case of recurrent chancroids. In the first place are you quite sure that there is no syphilitic taint; unless you have done so try a course of treatment with the antisiphilitic granule and calx iodata pushing the dosage *hard*, eliminating meanwhile with saline. You do not tell where the sores are located or give us any idea as to general conditions existing. Cauterization must of course be done thoroughly, the after dressing being perhaps the really important matter. Given a typical chancroid use the thermo—or galvano—cautery if possible, or fuming nitric acid. Apply to the sore a pinch of cocaine crystals: after five minutes apply the loop and heat while in contact, burn every portion of the sore. If you use the acid follow same course, only apply the acid with glass rod—after drying surface. When the acid has done its work apply a little sodium bicarb. and dress with a piece of lint soaked in a 1-5000 bichloride solution. When the slough separates use iatrol or equal parts of powdered calx iodata, and the dermal antiseptic powder. Wash off the sore with  $H_2O_2$  daily. An excellent oint-

ment is iodoform, dr. 2; bals. peru, dr. 4; lanolin, dr. 4. M. If there is no syphilitic involvement, calcium iodized, gr. 1, calcium sulphide gr. 1-2, every three hours, echinacea, four granules; arsenic sulphide, one, after meals with free elimination, will prove efficacious. Use intestinal antiseptic if necessary.—Ed.

QUERY 4970:—"Amenorrhea." Mrs. B. H. C., age 22 began to menstruate at 11 years of age, had typhoid at 16, married at 17, weight, at that time, 130 pounds. Menstruation regular, sexual appetite normal—perhaps more than average. Had varioloid at 18, menstruated but once or twice after this, supposed she was pregnant; weight rapidly increased, five months later menstruated very profusely, regular for three months, then skipped several months. Very irregular since; has not menstruated now for nine months, sexual appetite absent for part of two years, dislike for intercourse. Present weight 215 pounds, hearty eater, bowels regular and rather loose passages, good sleeper, strong and energetic; uterus is rather small and retroflexed. No other trouble with sexual organs discoverable. Been examined by several doctors. Has had electric high-frequency treatments, also ergot and caulophyllin. Has "dizzy spells," feels like falling at times, flesh firm, not "flabby."

F. A. C., Iowa.

The difficulty is primarily nutritive; the excessive weight at so young an age indicates this. There has been no surplus for menstrual purposes after piling on nearly 100 additional pounds of fat. Put the girl on the regime and treatment for obesity, with sanguinarine to full tolerance to direct the vital forces in the direction of the reproductive apparatus.

It is just a question whether this woman did not conceive (extra uterine-fetation), the excessive "menstruation" evi-

Convallamarin lowers the general blood-pressure and raises that of the splenic arcade and the renal system; not diuretic.—Porter.

Complex nature and positively poisonous nature of some contained active principles render strophanthus unsatisfactory.—Porter.

dencing the rupture of sac and destruction of fetus. A very careful examination might reveal further points of interest and we suggest that you go over the woman with scrupulous care and report findings.—Ed.

QUERY 4971:—"Nymphomania." Mrs. C., aged 32, weighs 148 pounds. Began menstruating at fourteen when she weighed 140 pounds; only menstruated once in six months, and began losing flesh until she only weighed 82 pounds; expectorated blood every month, alarming her friends who thought she was a victim of tuberculosis. This continued until seventeen. Previous to this she had experienced no sexual passion; but about this time she began treating with a homeopathic physician, soon became more "regular" and also began to experience sexual passion.

She was married at twenty-three, since which time her sexual desire has increased to nymphomania; normal intercourse will gratify her sexual desire about two hours, after which she is as ardent as ever in her desires; music even, so excites her sexually that she is sometimes compelled to leave a musicale before the exercises are concluded. She first became pregnant at twenty-five, when a seven-pound child was delivered with forceps, the anesthetic used being ether—very unwisely.

Prior to labor there was very severe general anasarca. Labor began in afternoon and terminated at 10 a. m. on the following morning, and about 1 p. m. uremia began and lasted until 10 p. m. During the few following days that she was in bed it was necessary to catheterize her several times; the bladder became infected, resulting in a severe chronic cystitis ever since, which, with proper treatment during the past few months, has become very greatly improved.

Menstruation is regular and normal both in time and amount. No leucorrhea. Despite bromides and other indi-

cated remedies the ardent sexual desire persists.

J. H. H., Montana.

The first duty is to remove the source of irritation in the bladder—the nervous relations between the urinary and sexual tracts being quite intimate. Give her arbutin, gr. 1-6 every two hours, continuing for at least a month. Make a careful examination of the genitourinary apparatus and correct any abnormality, however inconsequent it may appear. Sensitive patches of mucous membrane should be treated by applications of euphrophen. Unhood the clitoris and remove irritating secretions. Clear and disinfect the bowels, and see if intestinal worms are present. The urine should be examined as it may irritate the mucosa. Apply locally to the irritated tract about the clitoris, bismuth subnitrate mixed with water to the consistency of cream; apply plentifully and continuously for a week; then substitute zinc ointment, doubly benzoated. The sexual appetite may in the meantime be held in restraint by full doses of calcium sulphide if otherwise indicated; or by salicin a grain every hour in a tonic is also needed. More precise indications may be revealed by study of the case.—Ed.

QUERY 4972:—"Vomiting of Pregnancy." My wife is about five months pregnant. Everything she eats or drinks comes back as soon almost as swallowed. She complains of a burning sensation in throat and stomach. She is growing very weak and I need a little help. Please advise.

W. E. S., Florida.

This troublesome malady may depend upon constipation and autotoxemia, defective renal elimination, irritability of the uterus which is impatient with its

The source and purity of the original plant render doubtful the absolute composition of any strophanthus preparation used.—Porter.

In every instance in which I have administered or recommended strophanthus the patient has died.—W. H. Porter, *Post-Graduate*.



unaccustomed load, fissures of the os uteri, displacement, accompanying rectal affections, and sometimes we believe on pure and unadulterated cussedness—congenital or acquired. Many remedies have acquired repute whose action is purely suggestive; but some relieve whichever of the above named or other conditions may be present, while others like cerium oxalate and potassium iodide directly subdue gastric irritability. Tincture of iodine applied to the fissures has cured; the compound manganese tablet of the list is quite effective, as is cerium oxalate, gr. 1-6 every ten minutes till effect. Little chance of success is to be expected unless the case is studied and the exact cause ascertained.

She should have brought to her *in bed* a cup of *hot* weak tea (or coffee) or, if she prefers it, malted milk; though the latter is usually best after the irritation has been subdued. This she will drink *without raising herself* upright or moving more than is essential. Then she will rest perfectly quiet for half an hour then take bismuth subnit., gr. 2; cerium oxalate, gr. 1; cocaine, gr. 1-12. A light breakfast may follow in half an hour. After food give her papayotin, gr. 1-6, and piperin, one granule. The same treatment will follow during the day. The morning hot drink and quiet is most essential. Have your wife wear a snugly-fitting abdominal supporter—the Empire is excellent—and for a few days give her a granule of viburnin ever two hours. Do not forget that a warm enema at night is helpful in these cases.—Ed.

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 QUERY 4973:—"Treatment of La Grippe." I wish you would give me a

good prescription for la grippe as I am having a time with it in my practice just now.

O. C., Arkansas.

The indications in influenza are, to combat the infective element, sustain the failing strength, and obviate the distressing symptoms, which vary exceedingly in various forms and cases of the malady. For the first indication we rely upon calcium sulphide of which gr. 1-6 to 1-2 should be given every hour until saturation; then less frequently to sustain this effect for a week. Meanwhile we must as in all febrile maladies empty the bowels by suitable cholagogues and salines, and disinfect the alimentary canal with a sufficiency of sulphocarbolates. This indirectly meets the second indication, which is directly met by giving strychnine gr. 1-134 of the valerianate or any other salt, every hour or two. In this affection the irritability is soon exhausted and we are apt to get over-effects from quite small doses if we do not carefully watch the effects. For this reason brucine is preferable in many instances to its more powerful brother. We would suggest that among the other bitter tonics may be found agents better than either, and cornin, berberine, thebaine and several others appear to merit a trial. The symptomatic treatment can only be hinted at, as no disease manifests a greater variety in its course. The fever gives way to aconitine or gelseminine, guarding the heart with digitalin; headache and backache are amenable to persuasion by macrotin; nickel bromide or camphor monobromide; atropine valerianate meets many ails and acute manifestations; agaricin stops sweating; caffeine valerianate quiets

The power of strengthening the heart does not necessarily involve that of increasing the arterial tension.

The question of improving the circulation is far more complicated than is thought by people who only know "digitalis."

nervous excitement and apprehension; quinine hydroferrocyanide relieves neuralgic pains; emetine, codeine and cubebin with sanguinarine meet most coughs; while such mild nervines as cypripedin and scutellarin find a useful field in the nervous unrest and minor pains. All remedies require to be administered in very small doses, frequently repeated, till the exact desirable effect has been secured, as the danger of over dosage is great.

We briefly give you an outline of another method of treatment which proves promptly efficacious. First of all empty the intestinal tract: blue mass and soda one grain, or calomel gr. 1-6, podophyllin, 1-6 and leptandrin, 1-6, every thirty minutes for six doses; two hours after the last dose a saline draught. Quinine arsenate (or hydroferrocyanide) two granules, calx iodata one tablet, deferrescent compound, one granule every hour or two for four doses, then every three or four hours. Cactin gr. 1-134, may be added to every other dose if the heart action is at all weak and, every four hours after the bowels have been emptied, give ten grains of the sulphocarbolates with at least four ounces of water, crushing the tablet before swallowing. The stools will become first black then brown and odorless. Nuclein may be given ten minims morning and night, hypodermically or dropped under the tongue and absorbed from the buccal mucosa. This is an excellent treatment and can be modified to suit any case. Occasionally we give pilocarpine, enough to bring on profuse sweating and keep the patient in a moist, even temperature. If muscular and joint pains are pronounced, push bryonin and macrotin

till relief. Always wash out the nose and throat with an alkaline antiseptic and have the patient inhale eucalyptolized steam. It is also well to wash out the bowel with a high alkaline antiseptic enema. Do not forget the necessity for tonic treatment during and after the acute symptoms have passed. Two of the triple arsenates with nuclein after each meal with euonymin one, and juglandin one before eating, will prove effective during convalescence.—Ed.

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QUERY 4974:—"Chronic Bronchitis." A lady aged 63 took down with cough in November; in December I was called. Cough harsh and dry with shortening breath. I can think of nothing else than asthma. The temperature for part of the time was up to 101° F. but only for a short time and fell below subnormal today, 95.5° F. I could get nothing to break up that dry, harsh cough. I finally turned to calx iodata. I gave gr. 1-3 every thirty minutes for a few doses and then every hour, and I had the joy of seeing the cough break up and become loose. The cough is nearly gone, appetite improving, but a subnormal temperature bothers me. I am giving 1-30 gr. strychnine every 3 hours, and one granule cardiac tonic every hour. I believe I owe the patient's life to the calcium iodized; but it does not relieve entirely the asthmatic condition.

I called counsel and when he found what I was giving he made no suggestions.

J. N. E., Minnesota.

You are dealing with the dry form of chronic bronchitis. Add to the calx iodata, lobelin, gr. 1-12 every two to four hours, enough to stimulate a freer flow of respiratory mucus. Follow after a week or two with cubebin, five granules every three hours, for three weeks. Keep the bowels free and aseptic, for autotoxe-

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Patients suffering from Friedreich's ataxia are more susceptible to colds and pulmonary affections than are others.—Sinkler, *N. Y. M. J.*

Friedreich's ataxia: Nerve tonic should be used and the prolonged use of arsenic in moderate doses may be beneficial.—Sinkler.

mia is the main cause of the continuance of catarrhs. Since calx iodata has given relief you should obtain benefit from the use of euarol (euophen and aristol in oily solution) with an oil atomizer, applied twice a day and drawn well down into the lung. The low temperature is due to deficient tissue metabolism, and this may be increased by gold, an eligible form being the nervine tablet, containing gold, arsenic and nickel bromides with strychnine valerianate. One of these four times a day should prove beneficial. The diet should be highly nutritious and digestible, avoiding spices and condiments. This is a case in which a good dark-brown cod-liver oil would be excellent after the patient had learned to take it without distaste. Florida would be the ideal climate for this patient—warm and moist; and the seashore in summer.—Ed.

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 QUERY 4975:—"Gallstones." A lady aged 56, has been operated for gallstones, over 150 being removed. The distress has returned and she is averse to undergoing an expensive, dangerous and unsatisfactory operation if due relief can be obtained from drug treatment.

J. R. G., New York.

About twenty-five years ago our attention was called to sodium succinate as a remedy for gallstones. We then began administering this drug in doses of five grains before meals and at bedtime, continuing its administration for the period of one year. During this time the paroxysms of colic became less severe and less frequent, finally ceasing altogether, long before the expiration of the year. In brief, this has been our experience in every case of this sort coming under our care during a rather extensive

practice for that period. Probably, as our friend Ferguson suggests, we were mistaken in our diagnosis, and none of our patients really had gallstones. But one case may perhaps serve as an example: About six years ago a prominent surgeon diagnosed gallstones in the case of the wife of one of our colleagues, who came to us in great distress, saying that the surgeons held out no hope of his wife's leaving the operating table alive, and asking if something could not be done. We suggested that, under the circumstances, there could be no harm in trying our treatment, with the result that we see his wife about, perfectly well and sound, looking younger and handsomer by ten years than she did six years ago, without a single attack of colic after the first six months during which she was under treatment. We value too highly the diagnostic ability of this great surgeon to doubt it in this case.

Some years ago boldine was investigated in France, and recommended so highly as a remedy in these cases that we added it to the sodium succinate, on the old "shotgun" principle, on which, after all, we must fall back in many instances where our knowledge of pathology and therapeutics is limited. We really cannot see that the results have been any better; possibly the relief comes more quickly. Of this remedy we have given 1-67 grain with each dose of sodium succinate. In the paroxysms we have relied upon what we sometimes call the nervous triad here, consisting of hyoscyamine gr. 1-250, glonoin same dose, and strychnine arsenate gr. 1-134. The first is the most powerful means of relaxing the spasm of the gall-ducts, which

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Brodhead makes a strong appeal for more careful examination of women during the month following confinement.—N. Y. M. J.

Recreation, being created anew, is one of the vitally important requirements of modern life.—McCaskey, N. Y. M. J.

causes the obstruction to the passage of the calculus; the second produces relaxation more quickly and by dilating the blood-vessels possibly allows quicker ingress for the hyoscyamine; strychnine on the theory that all spasm is indicative of lack of nervous control, and medium doses check spasm by aiding in the restoration of such control; arsenic because all infections of the gall-bladder are connected with and depend upon similar infections of the duodenum, which arsenic directly combats. These agents are given together in the above doses, dissolved in an ounce of hot water, and repeated every ten minutes until relief is obtained.

If relief is marked, yet not perfect, a mere whiff of chloroform should render it complete.

So sure is the action of these remedies that we take it as an indication, if relief does not follow their use, that a condition exists which demands surgical intervention. We have had no such case personally, but do not measure the whole field by our small personal experiences. This, Doctor, is in brief the outline of our treatment; as to diet and hygiene you need no suggestions.—Ed.

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 QUERY 4976:—"Hemicrania Due to Non-Elimination." I have been subject to headache most as far back as I can remember; that is, I would have occasional attacks of headache, and during the past year I have been suffering quite a good deal with it. At the present time I'm having rather continuous headache with more or less indigestion. I examined some of my urine this a. m. and found the specific gravity 1034, no albumin, no sugar. The quantity is scant. I passed only about four ounces this morning and I am quite sure eight

or ten ounces in the twenty-four hours will cover the entire quantity.

L. H. G., Texas.

The headache is autotoxemic, depending on indigestion and defective elimination. Regulate your diet and exercise, clear the bowels by a morning saline and an evening cholagogue if needed; take boldine a granule every three hours, each with half a glass of water, to increase the formation of urea and renal elimination; and a dose of the bile acids two hours after each meal to institute the digestive processes carried on by the liver. This is all we are warranted in suggesting from the data given; you should have full tests made as to the urine, repeated weekly; and continue decreasing food and increasing exercise till the need meets the supply.—Ed.

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 QUERY 4977:—"Nephritis." B. P., age 9 years, female. History of some trouble with kidneys for few years (slight). Otherwise in fine health till about Aug. 25, 1905, when taken with acute articular rheumatism. I saw her first about Nov. 1. Find no joint deposit. No fever now for some weeks. Liver torpid, acute pain, mostly at night, over cardiac region and also in neck. Find some cardiac murmur. Pulse regular, 120 to 130. Up till the last few days missed a beat or two in a minute. Now that has stopped. Pale, waxy color. Appetite fair, also digestion. Family history good. Please report and give advice as to treatment.

J. O. B., Texas.

The report of our pathologist has gone forward and you will note that the case presents marked evidences of renal disease. Granular casts and leucocytes with the clinical symptoms you describe would point to nephritis. These cases in children usually prove unsatisfactory. The

Gonorrheal "rheumatism" is apt to affect the smaller articulations—jaw, thumb, big toe, sterno-clavicle.—Ware, N. Y. M. J.

How can men like Ware presume to write of gonorrheal rheumatism and ignore the treatment by the sulphides!

"rheumatic complication" with cardiac involvement makes the prognosis *poor*. The absence of albumin in this specimen should cause a careful examination of several specimens taken at intervals of a few days as there may be cyclic albuminuria. You do not give enough clinical data to enable us to tell whether there has been a true polyarthritis with pericarditis—but this is probable. The treatment here we would consider should be eliminative and supportive. In the first place boldine, gr. 1-67; arbutin, gr. 1-3, every four hours with a free draught of water. Cactin, gr. 1-67; juglandin, gr. 1-6; prior to meals and three sulphur comp. granules after food will comprise the first course of medication. Fresh beef juice, bovine or similar concentrated nutrients, t. i. d. Twice weekly the wet pack and free enemata of warm normal saline solution. Fruit and vegetables freely. After two weeks have another specimen of urine examined.—Ed.

QUERY 4978:—"Hookworm." Would you kindly give me a description of what is called the "Hookworm"?

W. J. F., Michigan.

*Uncinaria Americana*, "hookworm" is, to the naked eye, very similar to the oxyuris, the total length of the female varying from ten to eighteen mm; the male is slightly more than one-half this length. The head and neck taper as also does the tail of the female worm, terminating in a slightly rounded point. Under the microscope the head and tail of uncinaria differ radically from those of the oxyuris. The tail of a male parasite displays several hairs and three lobed bursæ. The mouth is also characteristic, the uterus of the female is readily out-

lined with a two-thirds objective and under a higher power, one-sixth, is seen to be filled with ova. There may be no parasites in the feces though uncinaria exists. For a description of these and other parasites of man see *Clinical Diagnosis* (Boston) second edition; W. B. Saunders & Company.—Ed.

QUERY 4979:—"Formin." Kindly tell me the uses of formin compound tablet.

V. A. B., Nebraska.

The formula you speak of (formin, Merck, gr. 5; lithium carbonate, gr. 2; sodium benzoate, gr. 5) may be exhibited in any case where infection of the bladder, urethra or even the kidney is suspected. It is a urinary antiseptic of considerable efficacy and may be termed one of the certainties in medicine. Formin liberates formaldehyde slowly but in considerable amount, thus affecting favorably the entire urinary tract from the glomeruli to the meatus. The action of lithium carbonate and sodium benzoate is too well understood to require comment but we might call attention to the necessity for the use of these agents in nearly all infections of the urinary apparatus; alone they serve a limited purpose but with formin to destroy bacteria and prevent fermentation and spore production they rapidly bring about normal conditions. In some few cases ammonium benzoate may be given first to produce acidity of urine. Pyelitis, pyelonephrosis, cystitis, prostatitis, urethritis, (gonorrheal and non-specific) all may be benefited by this formula. Formin has been most highly recommended as an excellent remedy in typhoid fever—destroying the bacilli always present in the urine, thus preventing any spread of the

Men who treat pruritus ani seem unanimous in ignoring the irritating qualities of the discharges causing it.

For psoriasis with gastrointestinal catarrh Shoemaker gives arsenic, strychnine, HCl and pepsin.—*Med. Bulletin*.

disease; moreover the patient is benefited markedly by it. If given with at least half a pint of thin barley water every three hours, foul pus-laden urine will clear up in forty-eight hours, and the inflamed, engorged mucosa will cease to protest. Arbutin is an excellent alternant in most cases. Whether formin equals the latter for long continued administration has yet to be shown.—Ed.

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 QUERY 4980:—"Formula For an Inhalant." To be vaporized and inhaled: Olive oil, 1-2 pint; eucalyptus, 10 minims; Gaultheria, 10 minims; wild indigo, fl. ext. 20 minims; thymol, 10 gr. Mix.

I have used this formula with a vaporizer three times a day for several minutes at a time with fair results in bronchitis and tuberculosis. Is the preparation harmless and is the olive oil the best base to use? Do you know of anything better?

D. F. MacD., Massachusetts.

The formula looks like a pretty good one. I am uncertain as to the value of the wild indigo. None of the active principles of baptisia is known to exert any local action. If you wish the effect of this remedy it seems better to administer it internally, pushing the doses until you get that from it you desire, rather than trust to the exceedingly doubtful absorption of an exceedingly doubtful proportion of a preparation of exceedingly doubtful strength from a fixed oil, applied to the mucous membrane. This oil is also objectionable in that it is liable to become rancid. We prefer a pure fluid petrolatum (which forms the basis of euarol) because it is not altered by any chemical agent and never becomes rancid. However, it is absolutely necessary that the petrolatum should be free from any of the

acid employed in its manufacture.—Ed.

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 QUERY 4981 :—"Perversity?" The granules are, on an average, about one-fifth of the standard strength of the regular profession. When a man insists on my eating one-fifth as much as is customary among Americans, and keep my bodily strength, I would as soon believe him as you! I cannot in any reason comprehend; so it is useless for you to expend such thin, starving, argument on me!

W. B. R., Florida.

Presumably our correspondent means that the granules, such as morphine, gr. 1-67, are about one-fifth the average dose to an adult employed by physicians. Our old readers will please bear with us while we again explain this simple but important matter: This average dose is far too small for some cases, far too large for others. It is merely an approximation to the proper dose, which is always and eternally the quantity that will produce the desired effect. Suppose we are to give morphine for pain; we give the granule, gr. 1-67, dissolved in hot water, for quick effect, and repeat it every five to fifteen minutes till we have secured exactly the degree of relief we desire—then stop the medicine. But one dose may be required, or maybe ten doses—we give exactly enough—no more, no less. Our friend may give his gr. 1-12 and get narcotism—we've done it ourselves; or he may get no effect and he repeats and doubles the dose; then repeats and doubles again; and finally he has given perhaps a grain before he has secured relief. Our way is safer and more effective. If we find we are getting evidences of narcotism and relief has not been secured, we know we are making a mistake and morphine is not

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What a lot a man misses who does not distinguish between emetine and cephaeline but gives both in ipecac.

What a light dawns on the man who knows hyoscine from hyoscyamine instead of giving the mixture in hyoscyamus.

the true remedy. Perhaps it is a testicle that has swelled under the straps and will die if not relieved of the constriction; or it is an impacted gallstone that imperatively demands surgical intervention. The occurrence of any evidence of toxic action indicates the time to quit the remedy. If there is any other manner by which the exact dose needed may be given, with neither excess nor deficiency, we would be glad to know of it.

This may not strike you as important, but we who use exact remedies with exact expectations as to the effects to be obtained are rather particular about our drugs.—Ed. —

QUERY 4982:—"Appendicitis." As I have had a pretty bad case of appendicitis to treat, I wish you would give your alkaloidal treatment. He is up all right now but I want to know if there is any treatment to keep it from occurring again soon. He is about thirty-five years of age, and of good moral character. Don't drink to amount to anything, and was never bothered until about six months ago.

A. G. R., Texas.

If, as we understand, the case has now convalesced, we would suggest that you give olive oil in ounce doses twice daily morning and night, using high enemas once or twice a week to wash out the bowel, and exhibit before each meal berberine, one granule, juglandin, one, and strychnine arsenate gr. 1-67. A saline may be given every other day, a teaspoonful in a glass of hot water before breakfast. Over the appendicular region rub in a piece of ung. Credé (colloidal silver) the size of a hickorynut. The patient should rub this in with his own fingers, otherwise the doctor will absorb about as much as the patient.

Olive oil is a lubricant; this with the

enemas and saline are intended to prevent impaction of feces, and to keep the stools soft and moving along. Berberine is a specific contractor of relaxed connective tissues, and is designed to restore tonicity to this tissue in the bowel. Juglandin stimulates the secretion of healthy, normal digestive fluids. Strychnine gives tone to the bowel and incites peristalsis, while arsenic in small doses is a useful intestinal antiseptic. Looking on appendicitis as due to infection it would be well to add to the foregoing a full dosage of the sulphocarbolates—about two scruples daily of the compound tablet, in divided doses. Crede's silver is an efficient means of combating general and local sepsis, and should be useful in removing the local difficulty. Acute attacks may be met with hyoscyamine in full doses to relax intestinal spasm, salines to fluidify feces, and colonic flushing with water as hot as can be borne, the bowel being fully distended. But the operations for appendicitis have been so perfected that we always advise patients to submit to them, in the intervals when there is least evidence of the local trouble. If despite this treatment the affection reappears urge this on the patient.—Ed.

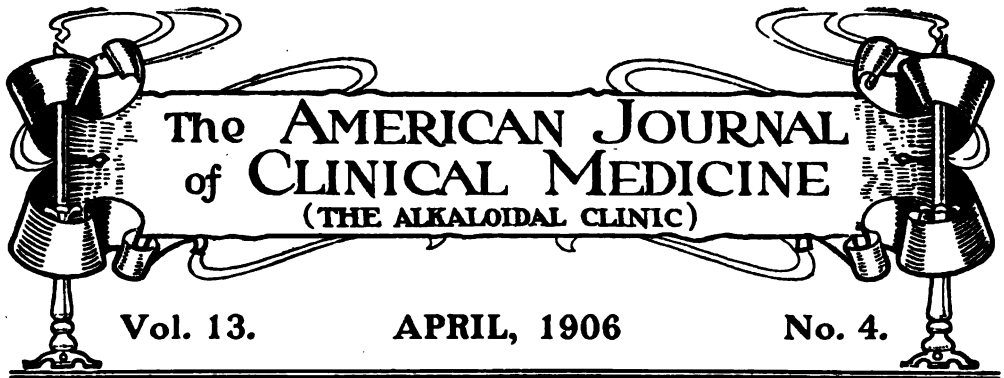
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QUERY 4983:—"Burdock." On page 15 of the January JOURNAL, a footnote informs us that burdock root brought eight cents a pound, making it a profitable crop. Please advise me where a purchaser can be found if I cultivate this plant?

J. D. U., Louisiana.

If properly gathered, prepared and dried, burdock root should be salable at any wholesale druggist's. Write to I. N. Lyons and Co., N. O.—Ed.

Queer that men persist in giving berberine and hydrastine together in hydrastis instead of using the one needed.

The juice of a lemon immediately relieved poisoning from overdose of male fern taken for tapeworm.—Apolant, *Deutsch Med. Woch.*



### MORE ABOUT SECRET NOSTRUMS: THE REMEDY.

SOME years ago a small quota of earnest men took up what seemed to be a hopeless fight against the proprietary-medicine abuses, which were so rapidly debauching medicine and pharmacy that thinking men in both professions began to be alarmed. These men kept hammering away after a modest manner, telling wholesome but unwelcome truths which the haughty plutocrats of the "syndicate" disdained even to notice. The movement, though feeble at first, soon began to make itself felt. Robinson made himself heard on the floor of the section of *Materia Medica* and *Therapeutics* of the A. M. A., and with his papers read at the section and his plucky *Critic & Guide*, created a sensation. He made exposures which could not be overlooked (nor answered) and was met by a storm of vilification and abuse—the strongest argument of the knave. Taylor of the *Medical World* launched his philippics against the secret-nostrum octopus, with its score of slimy tentacles. Hallberg was already battling among the pharmacists and organizing the forces, as secretary of the section of *Materia Medica*, in the A. M. A., and last, but by no means least, the *Journal of the A. M. A.* fell into line and the result was the organization of the Council of Phar-

macy and Chemistry, which is throwing the white light of publicity upon the question.

The profession is now thoroughly aroused. There is no longer any lack of interest—indeed there seems to be danger that in the new-born enthusiasm for good works some may go too far and that injustice may be done. The temper of the profession was shown in no uncertain way at a meeting of the Chicago Medical Society, held Feb. 14, in which a symposium on this subject was presented, arranged by Dr. Simmons of the *Journal*, now the acknowledged leader and guiding spirit of the ultra in the movement.

The symposium was a strong one—one that should make men think. For instance, Simmons told of the misleading character of the advertising of many of the proprietaries, the puerility and extravagance of many of the testimonials, how a "patent" becomes a "proprietary"—and the opposite; and the general tone of falsity and misrepresentation so often used in pushing these wares.

Salisbury explained how the opinions and character of many medical journals are moulded by its advertisers, upon whom their very existence so often depends. He classified medical journals according to



their subserviency to advertising interests. The pseudo-original article, written to boost some nostrum, was vigorously and properly dealt with.

Davis said that the literature of proprietary nostrums was generally prepared with but one aim—to sell goods; therefore most of it is worthless or at least of little value—even that issued by first-class houses. The detail man, with his gratuitous, ready-made lecture, was generally a nuisance—though there might be exceptions—and that there are exceptions, many of them, we contend. Why may not an otherwise honest man tell the truth about that which he has to tell?

Puckner dealt with the general ignorance of the physician concerning the nature, combination and action of medicine, quoting the case of a doctor who had been giving for years a "tasteless quinine" which consisted solely of calcium sulphate! This inert substance had given "perfect satisfaction!" Such ignorance makes a man a ready prey to the nostrum vender. The remedy was unquestionably to be found in better and more thorough instruction in the college with which conclusion we most heartily concur.

Williamson thought that the work in materia medica and therapeutics in college was too general in character and not properly distributed throughout the course. Instruction in materia medica is given early, when the student knows nothing of disease. The fact that nitrates may be "good in angina pectoris" means nothing to him because he knows nothing of angina pectoris at this stage of his career. In his later studies he is told that iron is good for a certain

patient, but all the minutiae of giving the iron, its dose, the relative value of different preparations and when it should be given, and how, he does not learn.

Long gave a rapid-fire discussion of the dangers of adulteration in foods, and of medicinal abuses. He explained the organization of the Council of Pharmacy and Chemistry and told what it had done and what it proposed to do. The German chemical synthetics he placed no higher than others; indeed he said that he had come to mistrust everything that comes out of Germany!

Stieglitz discussed the work of synthetic chemistry, showing the problems it had solved in the construction of various alkaloids and other substances. He thought that through the ability to put together molecular groups having definite therapeutic actions, synthetic chemistry would supply the medicine of the future.

The symposium was freely discussed, Drs. Whitman, Hallberg, Simmons, Abbott, Ochsner and others taking part. The argument running through the papers and the discussion was about as follows: The evil is a real one and a great one. The responsibility for the evil rests with the profession itself; there is a lamentable ignorance of official remedies as given in the Pharmacopeia, which leads the physician to prescribe ready-made mixtures, guaranteed by their promoters to do things. The medium by which the profession is reached in advertising, and it is debauched by the extravagant statements and claims which reach the profession through this channel. But the fundamental cause, and this was strongly brought out by Dr. Abbott, is the lack

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With 151 physicians on its faculty list the N. Y. Post-Graduate has not a solitary one to instruct on drug therapeutics.

The difference between monarchy and polyarchy is that in the latter you scold alone.—*Epstein.*

of training in real applied therapeutics in our medical schools. If the same thoroughness was used in drilling into students a knowledge of medicines and their applications as is used in the study of pathology and its technic, these men would go out optimistic and enthusiastic practitioners. Knowing little of therapeutics they naturally fall into one of two classes: Either the nihilistic, doubting the efficiency of any therapeutic measure; or prescribers of ready-made proprietary mixtures, which constitutes fully 50 per cent of all prescriptions written. This leaves the best and cleanest work of the day to be done by those who, knowing what they want, either specify it, or procure and dispense it for themselves.

The CLINIC has already stated how we stand on this question—but it will do no harm to repeat. We are heart and hand in any movement for the purification and strengthening of our therapy—any movement tending to make our knowledge, and its application, more exact; and it is to teach and support this that is the real gist of our effort, a work to which should be given the support of every earnest unprejudiced man. Where our work is encumbered by dross, let us get rid of the dross. Of proprietarism of the right kind—that which is really intent upon giving the burdened doctor better tools, with a full knowledge of their temper, we have nothing but good to say. This kind of pharmacy deserves the support and encouragement of the profession and in our enthusiasm to get rid of the evil we should not make the error of going too far and injuring our friends.

But for the proprietarism which aims

to use the doctor as a cheap "advance agent" for the ultimate introduction of nostrum cure-alls to the laity, we have nothing but condemnation, and it shall not use us as a means to this nefarious end. So far as we can prevent, the CLINIC shall not be used as a medium for lies and deceit—of any effort to sell worthless and essentially secret products to the doctor. We must admit the danger of secrecy in any product and that, too, should be placed under the ban as regards the advertisement of any remedy—but here with a qualification. The profession has a right to know of and demand the amount of any toxic or habit-forming drugs in any remedy—nothing can condone secrecy here—but it is a serious question if it has a right to demand the entire formula unless it is prepared to protect the manufacturer from the pharmaceutical harpies which make a business of imitating these products and foisting substitutes upon the physician. We have no right to condemn to business ruin a man with a clean product and doing a clean business at the behest of large manufacturing houses which seek the downfall of the man with an idea on the ground that his prosperity takes from the sum total of their legitimate (?) profits.

The Pharmacopeia is a magnificent thing, representing a decade of the hardest kind of hard work by the most brilliant men in American pharmacy, but it is not the "last word." Necessarily it must follow and can not lead, since it accords a place only to remedies of general use, irrespective of merit. As one has said, if enough physicians used brick dust as a medicine, brick dust would have to go into the Pharmacopeia.

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Denial of all sides but one is a poor kind of unification.—Sir Oliver Lodge in "Life and Matter."

Dyspepsia: Eat just enough to allay hunger; every four hours; the easiest digested articles, well chewed, for a week; note results.

If you go over this book carefully and trace the history of the remedies now official you will find that the nostrums of other decades are the ethical preparations of today. In other words in pharmacy the nostrums unquestionably lead the way; most of them perish as they should, but the best of them survive and are ultimately embodied in our official catalogue of accepted remedies—and their source is forgotten. As was well said in the discussion of this symposium, it is and has been unfortunate that medical men generally have not taken the interest they should in the revision of the Pharmacopeia. In every revision for several decades only a fraction of our medical bodies have been represented; and it has been difficult to gather the data of a pharmacologic character upon which to establish the merit or demerit of applicants for admission. As a result of this apathy the book is not all that it should be, but criticisms at this late day come with a poor grace. He is a knave who will tear down that which he selfishly refrained from helping to construct.

But when the last word is said, is not the solution of the whole problem to be found in the simplification of our materia medica? So long as a mysterious merit is supposed to be inherent in a complex secret or semi-secret compound or mixture will not physicians as well as the laity use these? How much better to use definite remedies, the active principles, singly, in carefully measured doses, studying their action carefully and following the results clinically until you know just what effects you are obtaining. We can not think of any method of therapy more certain to stimulate inter-

est in pharmacologic work and surer to arouse the latent optimism of doctors who have grown skeptical concerning the action of all remedies because they know only drugs of uncertain and doubtful therapeutic efficiency. Are there not many physicians who give medicines as did this doctor with his gypsum—calcium sulphate? They do not even look for any definite results—results that may be foretold with certainty—and wouldn't know them if they should appear.

The remedies for our troubles then are two: First, more careful instruction by the schools—instruction which shall follow the student all the way through his course and be clinical as well as didactic. Second, a more dependable materia medica, as exemplified, in part, in the many fine preparations of the Pharmacopeia, but ideally found in the active principle—whether this be official or proprietary, organic or inorganic, derived from the plant or the product of the synthetic chemist. And to one and all, be he truthful and honest, let us give a fair and a square deal.

For our position upon the question of proper advertising, an important corollary to this discussion, we refer you to the "Publisher's Department" among the advertising pages.

#### PRACTICE AND THEORY.

The researches of the cellular pathologists had elucidated the changes taking place in the lungs during an attack of pneumonia, and arranged them in orderly sequence. The methods of treatment that had proved satisfactory had been assimilated to these observations, and as a result we had a distinct conception of the conditions, and a rational

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Even a sheet of paper has two sides.—Sir Oliver Lodge. Yet many an argument seems to have more than two sides.

Dyspepsia: Fix a diet and regime under which you are free; and add to this in kind and quantity by slow degrees.

explanation of the effects of remedial intervention.

Then comes the pneumococcus, and a new explanation is given the phenomena, based on the biology of this intruder. At once, a certain section of the profession, acknowledging their inability to fit a treatment to this view of the pathology, affirm that it is our duty to do nothing, and even go so far as to deny the possibility of any good resulting from any treatment of whose relations to the new pathology they are unaware. We must therefore be content to do nothing at all until an antitoxin shall have been developed.

Two fallacies are engaged in this assumption: One is that the discovery of the exciting cause, the pneumococcus, has made any alteration in the pathologic conditions as long since observed; the other, that the treatment that had proved satisfactory can not be useful until its action has been assimilated to and explained by the new knowledge. Neither of these is justified by the present state of our knowledge as regards the pneumococcus or any other pathogenic micro-organism.

However desirable it may appear that we direct our therapeutics against the microbic cause of disease, it must be confessed that as yet but the veriest trifle has been accomplished in this direction. The gonococcus is still valuable from a diagnostic and a prognostic point of view—have we made any advance in treatment directly due to its recognition?

The same question may be asked and answered negatively as to every other malady of known microbic origin, with the single exception of diphtheria—and here it may be seriously questioned if the

discovery of antitoxin has not done more harm than good, by leading the profession away from other valuable methods to place a faith in this agent that it does not deserve in the later stages of the disease. It is to be regretted that the enthusiastic advocates of antitoxin have considered it necessary to establish their own pet remedy by condemning all others. Violence and exaggeration do not convince, but on the contrary serve to arouse a feeling of antagonism in the minds of independent listeners. Freely admitting the benefits derivable from antitoxin during the first four days of the attack, and also that by the use of larger doses we may perhaps save life after this period, there is nothing but intolerance in the wholesale condemnation of all other remedial measures. Any physician who has eyes in his head—and a nose in normal functional activity—can assure himself of the great benefits derivable from local antiseptics in advanced diphtheria of the nasal and contiguous passages; and the powers of calcium sulphide are so great that no one but a one-ideaed fanatic would refuse to avail himself of them.

We stand pat. We await with interest the coming of the pneumonia antitoxin, but meanwhile we adhere to the vasomotor treatment that has given such satisfactory results heretofore.

This we have to say in answer to Dr. Andrew H. Smith, whose able paper in a recent *Medical Record* is one of the most masterly supports of donothingism it has been the misfortune of the medical press to promulgate for many a day. Admit his premises if you will, admire his argument as you must, his conclusions do not follow. The treatment that

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Nothing new for Science to ridicule what it is eventually compelled to accept.—Burgess, *Medico-Legal Journal*.

Dyspepsia: To get full benefit from shredded wheat eat it dry, chewing well; after eating drink Kneipp's Malt Coffee, hot.

proved effective under the former theory of the disease is just as effective today, and as improved by the introduction of modern weapons far more so.

As another instance of baseless assumption, Dr. H. B. Weaver, in the same publication treating of pneumonia from the modern standpoint of the pneumococcus infection, and speaking of the death-blow given venesection by Flint, says:

Under the present light of recent discoveries, aconite and veratrum viride have no place in the therapy of pneumonia, except perhaps in the first few hours of the disease, when the physician is seldom called. All close observers freely admit that the arterial tension is invariably lowered after the first twenty-four hours. The use, then, of aconite and veratrum can only add to the burden of the heart, already laboring in consequence of the overwhelming toxemia which is paralyzing its nerve centers on the one hand, and on the other producing stasis on the venous side and lack of blood on the arterial side.

It is a constantly-recurring surprise to us that men who thus condemn without testing, the methods and remedies of their brethren, should do so without first taking the trouble to obtain by reference to the authorities, an accurate knowledge concerning the action of the drugs they thus disapprove. Aconitine, and especially veratrine, when given in small doses exert a tonic influence over the heart, strengthening its force quite apart from the relief afforded by the relaxation of the arterial tension. It is this tonic effect which is secured by the physician who administers these agents in the minute doses of the active-principle specialist. If the ancient full, four-hour doses are employed, that is a different matter. Nor does he take into ac-

count the powerful influence of veratrine in opening up elimination and carrying the toxins out of the body. But then—if one waited to investigate before condemning, the verdict might not be so certainly for the prosecution.

That through masters in the profession such discouraging statements, based on theoretical assumption, should be so persistently served up to the profession is exceedingly unfortunate. If we cannot help we should not hinder. We should not tear down the good until from the wreckage we produce we can build a better or at least lay plans by which others may do so.

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#### WHY NOT BE CONSISTENT?

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We like to see people speak out bravely with the courage of their convictions. Even though they may be wrong, it is yet better that they speak bravely, for only by such free speech can the truth come to be known. There is nothing to be expected from the coward and the liar.

We are, therefore, pleased when those of our professional brethren who really believe what they are saying, come out frankly and fairly and state that they know of no medical treatment for pneumonia; know not even of any means to favorably modify the course of that malady. Though we heartily disagree with this proposition and our own experience has taught us that, in so far as it applies to ourselves and our own treatment, it is false, we welcome the truth in the speaker, while denying the truth of his assertions.

But, from men who have the nerve to make such frank statements concerning themselves and their lack of knowledge

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What a difference emphasis makes, e. g., the common *people*, and the *common* people.—Epstein.

Dyspepsia: Diet is like medicine—to be taken while ill, and not as a regular regime except when permanently ill.

and ability we look for something more, namely, the logical conclusion that must follow this humiliating acknowledgment: they must perforce to be consistent resign their cases of pneumonia into the hands of men who have faith in their ability to earn their fees. If these gentlemen believe as they say they do, do they tell this to their patients? If so, and the patients are contented to retain them as medical advisers, despite this frank acknowledgment of their impotence, well and good; it is for the coroner to settle whether the physician who can do nothing whatever to favor the patient's recovery, has a right to stand in the way of a better man. But, if the helpless physician has not informed his patient of the truth, he is not only unjustifiably imperiling the patient's life, but in charging for services he has not rendered, he is obtaining money upon false pretenses and morally, at least, is culpable.

Let us then applaud the consistency of these gentlemen by noting that they have publicly announced their refusal to attend cases of pneumonia, on the ground that they "know of no means by which they can favorably influence the course or termination of this disease." Then we shall at least have clear grounds.

#### PLAYING WITH HUMAN LIFE.

Under the above caption a prominent journal of the lay press, the *Utica Saturday Globe*, says things to which every CLINIC reader should give most serious and thoughtful attention!

These conditions exist. This is what we oppose. It is for the righting of these wrongs that we ask your help. If

the lay press is doing this for humanity's sake what should we not do!

#### THE EVILS OF DRUG ADULTERATION IN NEW YORK.

The medicinal value of the drugs dispensed in a large proportion of the drug stores of New York is so poor, and nostrums whose ingredients are kept secret by their proprietors have been discovered to be so dangerous to public health that a movement supported by the department of health, the medical societies and many of the leading physicians of the city has been set on foot to improve these conditions, says the *Tribune*.

If one may believe the tests made by the department of health and the testimony of prominent physicians, and even druggists themselves, there are few drug stores in New York city where drugs which have a full medicinal value are used; in compounding prescriptions cheaply-ground drugs, whose strength is unknown and whose action cannot be depended upon, are used. Patients in consequence do not respond to the medicines prescribed, and the physician is at a loss to account for it. He does not know whether it is because of the patient's condition or the fault of the drugs, and he is powerless to cope with it. The variation in the strength of drugs sold in New York is so great that the lives of persons are jeopardized. According to one druggist, this condition is due to the commercialism which has crept into the business. Druggists are buying cheap drugs, and few of them are equipped so that they can tell whether or not they are getting drugs which are capable of producing the results expected of them. As a result, many physicians are going back to the method of the old-fashioned country practitioner of carrying their medicines with them, prepared by chemists on whom they can depend.

#### DRUGS BELOW THE STANDARD.

It was an astonishing condition of things which the department of health found when it began to investigate the

The higher the tree the more wind it catches. On the top of a giant mountain even a pigmy becomes a giant.—Epstein.

Dyspepsia: Pure gluten food is not simply a necessary diet for diabetics but a muscle builder and strength giver.

drugs used in the city. The head of its drug department visited eight of the leading wholesale druggists, supplying, according to the department, 99 $\frac{7}{8}$  per cent of the drug stores of the city. "I asked," said he, "for the best drugs they had." Samples to the number of 150 of such drugs as aconite, belladonna, digitalis, lobelia, powdered senna, saffron and rhubarb were secured. Of these the aconite, belladonna, digitalis, lobelia, saffron and powdered senna have been tested. Not one of these proved to be up to the standard maintained by the department of health. Owing to carelessness in grinding and, in the case of saffron, which sells at about \$18 a pound, and therefore tempts to adulteration, to the presence of artificially colored flower petals which looked like those of the daisy, there was not one which could be depended upon for strength. Age had also affected some of them.

The "active principle," as the druggists call it, in each drug is not distributed evenly through the part of the plant from which it is taken. For this reason it has to be ground evenly and to a certain fineness. Standards of fineness have been established for different drugs. They must be ground neither too fine, for they may be too strong, nor too coarse, for they may be weak, or uneven in strength, or absolutely inert. Screens containing different numbers of meshes to the square inch are used to determine the fineness. In the case of lobelia, for instance, it should be ground so that all of the particles will pass through a screen having 50 openings to the square inch. About a third of the lobelia obtained passed through a screen of 100 meshes, while some of it would not pass through a screen finer than 20. All the other drugs had this unevenness, so that one could not be sure whether he had the right strength or not, or whether or not there was any of the "active principle" in the drug. The normal dose for aconite, which is used to reduce fevers, is about

10 drops. In the samples examined by the department some were so weak that 22 drops would have been required of the tincture in order to obtain the strength of a normal dose. In other words, a doctor prescribing a normal dose would have obtained less than half of the "active principle" which he wished to give. The life of a child might depend upon the quick reduction of a fever. In such a case he might lose the life because of the weakness of his medicine.

Digitalis is used as a stimulant in heart disease. The samples ranged in "active principle" from 39.44 per cent down to 25.65 per cent, the normal being 35.08 per cent. The character of digitalis and some other drugs, according to the health department, is such that they deteriorate and become inert in course of time. Digitalis should be renewed at least every year. It is sometimes adulterated with a beautiful but worthless leaf. There seems to be a tendency among druggists in replenishing stock to mix fresh materials with the old.

According to one of the leading druggists of the city there are few stores which make it a point to purchase exclusively pure drugs. Probably less than two per cent of the drug stores have laboratories sufficiently equipped to determine the assay of any drug and consequently they are at the mercy of the manufacturing chemists.

#### GREAT HARM DONE BY NOSTRUMS.

Morphine and cocaine fiends and drunkards are being made every day by the use of nostrums. According to Champe S. Andrews, counsel for the Medical Society of the County of New York, there are 2,000 nostrums on the market containing alcohol, opium, morphine or cocaine. Of these, he said, 800 contain alcohol, ranging in quantity from 15 to 50 per cent; 500 contain opium, 400 morphine and 300 cocaine. Many cocaine fiends have been made by use of catarrhal snuffs, whose formulae were unknown to the users. They did not

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The might of the ocean wave lies not on the froth and foam at its top.—Epstein. Same is true of the schooner.

Dyspepsia: Mark Twain had to give up his meal-a-day plan and go on four-hour little easily-digested meals.

know that the snuffs contained cocaine ranging in quantity from 1 to 3½ per cent.

The following incidents illustrate the effect of some of these nostrums: A lawyer was hurrying along toward the Brooklyn bridge. On the sidewalk was someone giving away samples of a catarrah cure. He was suffering from catarrah, and accepted one. Drawing some of it up his nostrils he experienced relief and began to feel surprisingly well. He decided to continue the remedy, and bought a 50-cent bottle. He used it, and one after another bought 15 bottles. He had become a cocaine fiend, and for two weeks he used straight cocaine. He went to a sanatorium and finally broke the habit.

In a city of Vermont a clergyman was taken ill.

"Alcoholism," said the doctor.

"There must be some mistake," said the minister's son. "My father is a clergyman. He never drank a drop of liquor in his life."

"I am certain that he is suffering from alcoholism," replied the physician. "What has he been taking?"

"—," said the son, naming a much advertised medicine which analysis has shown to contain a considerable percentage of alcohol.

These nostrums are made cheaply. A widely known firm of manufacturing chemists told me that a secret medicine requiring advertising to sell it and intended to be sold for \$1 would provide no profit if it cost more than 9 cents a bottle to manufacture. A certain laxative pill cost 15 cents a thousand to make. It is sold at 50 cents a hundred. Prescriptions sent out by some firms are notoriously useless.

Doctor these are facts and you know it! Did it ever occur to you why this exists? How this gets to the people to your detriment and theirs? Who keeps it constantly before them for your un-

doing? Who, not interested in better pharmacy, gives its chief thought to what may be made on peruna and how many they can delude into taking "pink pills for pale people"? Who and what are leading you by the nose? How they are doing it? And the remedy?

On this same topic the *Chicago Record Herald* at about the same time had this to say:

#### INERT DRUGS

The department of health of New York City has been analyzing drugs. Its results have been so startling that movement to secure state supervision of drug stores has been started with the active support of nearly all of the medical societies in the city. They show that a very large proportion of the drugs sold even in the best drug stores of the city are so heavily adulterated or of such poor quality that the purchaser or the physician who prescribes their use can never be certain of what the effect will be.

Samples were obtained of the very best drugs sold by eight of the leading wholesale drug firms of New York, firms which supply, according to estimate 99⅞ per cent of the retail stores of the city. One hundred and fifty samples of aconite, belladonna, digitalis, lobelia, senna, saffron and rhubarb were secured. Of those thus far analyzed not a single one has been up to the standard set by the department of health. Some of them were adulterated, some were weakened by age, some were improperly ground. Some of the aconite was so weak that the effect of a normal dose of ten drops could not be secured without using twenty-two drops. The strength of the belladonna varied so widely that a normal dose could be secured from eight drops in some samples, but required fifty drops in others. And with other drugs similar results were reached.

The druggist, wholesale or retail, who does not make sure of the purity and strength of his wares has no right to

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One copper coin in an empty pot will ring loud if you shake it.—Talmud. Yet some people have not even the copper coin to shake.

The sodium ions of the blood are essential for the maintenance of life phenomena.—Loeb said it.



complain when he is cheated on his insurance policy. His own cheating is of the worst. A means of controlling the trade will have to be found.

And this is but a sample. See what *The Ladies Home Journal*, *Collier's*, *Everybody's* and many others are doing for us, the people, and how little we are doing for ourselves. You are "The Doctor."

#### THE RATIONAL TREATMENT OF CHILDREN'S DISEASES.

The physician who treats successfully the acute diseases of children usually has the full confidence—and practice—of their parents. The doctor on the other hand who loses a case of scarlet fever or measles, irreparably injures his standing in at least that particular family. The practitioner whose work lies in the country or small towns and the family doctor of the city, both derive a large part of their income from pediatric practice, and to be permanently successful must understand how to control the fears of the anxious mother, gain the good-will of the child itself and, more important than all, *get results*.

There are some doctors whose arrival presages a time of stress and trouble, of trained nurses and heavy bills; the little patient meanwhile, running the regular course of his particular disorder, coming, perhaps, very close to the grave and returning to health only after weeks of care and anxiety. But this particular kind of physician has the faculty of making people think he has done a great work; the child was "unusually ill and only the most skilful treatment and devoted nursing could possibly have saved his life." He collects a heavy fee,

leaves, covered with *eclat* and is highly recommended for serious cases. And as some people rather like "their cases" to be looked upon as serious, this gentleman makes a good income—provided, of course, there are enough well-to-do people to employ him.

Other doctors again have a habit of pooh-poohing all children's diseases and of telling the parents to "keep the patient alone and warm, feed lightly, grease the body and let matters take their course!" Now if the child happens to go along well and recovers, the doctor gets little or no credit since he himself said it was "nothing much." If, on the other hand, the fever *should* happen to jump up suddenly in the night, or epistaxis occur, the anxious parents or some nervous neighbor are more than likely to call another physician who on arrival is quite apt to shake his head and ask why they didn't send for him sooner? When he hears that Dr. So-and So has had the case, he may wish he hadn't said anything at all, but the result is the same and the first practitioner's reputation is gone forever in that family!

The doctor who really *knows* how to treat both children and their diseases; who inspires confidence because he is confident of himself; who takes all needed precautions and insists upon *proper* nursing but nothing more—compares very favorably with either of the other gentlemen. This variety of practitioner usually has all his little patients looking forward to his visit; his medicines are not intolerably nauseous and even when they don't taste good he can get them down without a fight, because he carries some "salt" in the shape of peppermint or clove sugar tablets or has some other

A lie oft-repeated may be taken as truth, and truth not proclaimed can do no good.—Epstein. Silence is not always golden.

Diminished alkalinity of the blood goes hand in hand with increased susceptibility to infection.—Sajous.

method of rewarding obedient children. This kind of man tells the parents frankly when their child is really ill but makes them feel that he possesses the necessary skill to bring it through safely. Of him you hear, "we feel safe just as soon as he comes in the house." He is the doctor that people simply insist be sent for when the children of some new resident take the whooping-cough. He, too, is the man who is hurriedly summoned in the middle of the night and begged to save some little one slowly choking with croup—perhaps after some other physician has given up hope. If he, after a moment's careful examination of the child, hastily bares its throat and takes out his instrument case there is no protest from the mother; she *knows* that only so may Death be driven away.

There is never any display or "fuss" about this man's work; he laughs perhaps even where others would feel it incumbent upon them to look very serious; but everyone, from the sick child to the grandmother "who has raised ten children of her own", knows intuitively that what *can* be done will be done—and done moreover, at the right time and in the best way. This man is not usually known as a pediatricist but is affectionately spoken of as "the best children's doctor around." Perhaps no better character could be desired by the physician but—it has to be *earned*, and is not given lightly.

Modern methods of medication have unquestionably made things much easier for "the children's doctor:" in the first place we know definitely how to control the acute diseases; and in the second, the necessary remedial measures are now far from being unpleasant. Still there

are doctors who follow the old methods, exhibit obnoxious medicine and consider it necessary for certain diseases "to run a definite (and very uncomfortable) course." To these gentlemen especially, the article which will be contributed to the next issue of the JOURNAL by Dr. Geo. H. Candler should prove of interest. In it the rational treatment of the infectious diseases will be outlined and, at the same time, the possibility of shortening their course will be considered.

That intelligent medication, instituted early, will markedly modify or entirely abort such diseases as scarlet fever, measles, chickenpox, parotitis, etc., is an established fact, and in this article the writer will explain just what to do, how to do it and *why* it is done. There will be no theorizing; the writer will, in plain language, describe the conditions we all have to contend with; he will point out "diagnostic landmarks" and tell how we may, in the beginning, tell just what infection we have to combat. Then the different treatments called for will be definitely outlined and each little patient carried through safely to the post-convalescent period. Every measure suggested will have been "tried, time and time again in the clinical fire" and must with ordinary care, prove as successful in your practice as it has been in that of the writer.

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#### AUTOTOXEMIA AS ONE OF THE CAUSES OF EPILEPSY.

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Just as sure as is the onward progress of the chariot of progress, so sure is to fact that the profession is recognizing, from day to day more fully, the great

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Von Noorden, the great German physician from Frankfort-on-Main succeeds to Nothnagel's chair in the University of Vienna.

Sodium benzoate and salicylate stimulate all the glandular secretions, the latter increasing the quantity of bile.

importance of autotoxemia as an etiological factor of disease.

In discussing epilepsy, Dr. Hughes states that the treatment does not consist merely of an attempt to prevent the return of fits. In his opinion (*N. Y. Medical Journal*, January 20, from the *Jour. de Med. de Paris*) auto-intoxication probably plays an important part in the causation of paroxysms, and the reputation gained by silver nitrate in the treatment of epilepsy, probably depends upon the power which the drug possesses of destroying intestinal toxins. Among all other measures, it is therefore necessary to see to it that the digestive canal is disinfected and perfect digestion established.

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#### FOOLISHLY EXAGGERATED CLAIMS FOR HYDROGEN PEROXIDE.

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Many useful remedies have fallen into disrepute or ill-merited oblivion on account of the exaggerated, unjustifiable claims made for them by over-enthusiastic advocates, or financially interested manufacturers.

If we don't look out a similar fate will overtake our well-known peroxide of hydrogen. Peroxide of hydrogen, or more correctly, in chemical nomenclature, hydrogen dioxide ( $H_2O_2$ ) is a very useful member of our therapeutic armamentarium. It is non-poisonous, it is an excellent cleansing and antiseptic agent and its selective action on pus is quite remarkable. But it is first, last and all the time a local agent. Applied locally, be it to wounds, ulcers, diphtheritic sore throat, or what not, its action is all that can be desired, and in some cases it can-

not well be replaced by any other remedy.

But when we see the product recommended by interested manufacturers in pneumonia for its supposed action as a carrier of oxygen to the blood, when it is extolled as a wonderful antiseptic in intestinal diseases, it is time that we, as rational therapeutists, call a vigorous halt. As a means of supplying oxygen to the body it is useless. As Hare says: "The employment of  $H_2O_2$  internally, with the idea that it will yield oxygen that is lacking in the blood, is futile. Even if the oxygen (from this combination) entered the blood, the amount disengaged from the possible dose would be too small to be of value."

But it is in its recommendation as an intestinal antiseptic, that the absurdity reaches its acme. Peroxide of hydrogen is one of the most unstable of all chemicals. In fact, it is upon this instability, upon the readiness with which it parts with its oxygen, that the value of hydrogen peroxide depends. This evolution of oxygen takes place particularly in the presence of organic matter. The oxygen is given off, and nothing but water is left;  $H_2O_2 = O + H_2O$ . When we take hydrogen peroxide internally, it begins to decompose as soon as it passes our lips; it is being decomposed in the esophagus and the process continues and is completed in the stomach. To believe for a moment that after prolonged contact with the gastric juice, with the semi-digested food, with the stomach walls, the peroxide is still peroxide and will pass the pylorus and duodenum as such, and will exert its antiseptic action on the intestinal contents, shows an unfamiliarity with the chemical behavior

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Man is not always a watch; his face is not always the dial of his inner works. So says Father Epstein.

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The clergyman's friend and Congressman's delight—peruna and Duffy's malt whisky, have been required to pay federal liquor taxes.

of this substance which is truly deplorable.

Peroxide of hydrogen is an excellent agent in its place. But do not discredit the preparation by expecting too much from it, and do not injure your patients who are in need of an intestinal antiseptic, by giving them a substance which, after being administered per os, can, in the intestines, have no more effect than so much water.

It is to be noted that "peroxide" is being extensively and fraudulently advertised to the laity as a "cure-all" for intestinal trouble, all sorts of sore throats, etc. It is the duty of every physician to let the truth be known, and when he wants a "peroxide," and he often will, to use one (and there are several good ones on the market) *not so advertised*.

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#### COLLIER'S.

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There are about 150,000 physicians in America. There should be among them 150,000 subscribers to and active agents for *Collier's Weekly*.

Not because that journal is making a strong fight against the patent medicine men and it is to our interest to encourage the movement: BUT because the disclosures made in *Collier's* show the frightful wrong that is being done to the ignorant and gullible community, to the sick and suffering, whom it is our sworn duty to protect.

We have spent the last hour reading files of *Collier's* containing the records of investigations made in pursuance of this work—and we are simply amazed. Of course we knew in a general way—and through some notable examples occur—

ring within our own knowledge—that much harm was done by indiscriminate nostrum guzzling, but these articles for the first time give some idea of the immensity of the evil.

Doctor, we will waste no words talking of this matter. Get the papers and read for yourself — and see if we are in any degree exaggerating.

Do this now—it's worth your while.

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#### A GREAT MEDICAL MEETING COMING.

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In the states of Illinois, Iowa and Missouri there are thousands of good doctors who do not (but should) belong to the great American Medical Association. Many of these cannot this year go to far-away Boston to attend its meeting; large numbers of its members, even, cannot make the journey. To both classes the CLINIC wishes to extend, through its Editor-in-Chief, Dr. Abbott, who is the president, an invitation to attend the meeting of the Tri-State Society which will occur in one of the large central cities of this territory, in the early summer, definite date and place of meeting to be announced later.

This society, although independent of all others, is not in the slightest degree antagonistic to the American Medical Association or any of the State societies—in fact, its membership is largely made up of those who belong to both, some of them having held the highest offices in the gift of the American Medical Association as well as the three several state associations.

The date of this meeting will be fixed for a time such as will not conflict with either the national or state societies and

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Grasp not a wasp's nest lightly  
When you grasp, grasp tightly.  
—Epstein.

Harvey was a crack-brained imposter;  
questioned authority of ancients; undermined religion and subverted Scripture!

due notice will be given a little later.

The only way in which this society materially differs from other great societies is that its members are not *compelled* to belong to any county or state organizations. Any legally qualified practitioner of medicine in one of the three states is eligible to membership, the only requisites being that he be an honorable man who does not proclaim himself as practising exclusively some distinct "system" of medicine, and that he be vouched for by two members of the society.

As to the meeting itself; papers and demonstrations have been promised by some of the most prominent teachers of the medical schools, as well as a number of the most experienced men of the numerous smaller towns who are really doing some of the finest work in the world in medicine and surgery.

Whether or not you expect to attend your state and the American Medical Association this year, bear in mind that the Tri-State Medical Society will be most enjoyable and instructive. There are no banquets, no receptions, no airing of grievances—just plain work of the kind that makes doctors better and wiser.

"Come over and join us." Come prepared to say something—to work—to help make the meeting a great success. You will find the preliminary program on another page.

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#### INTESTINAL ANTISEPSIS.

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We thought that ghost was laid forever, but again we were told at a recent medical meeting that, "It is not possible to render thirty feet of bowel aseptic."

Let us reply to this objection for the

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The really fortunate succeeds through escaping the fortune which worldlings consider the highest fortune.—Gustave Mueller.

teenth time. The normal contents of the bowels in health form one of the most dangerous substances known—a mass of dead organic matter, decomposing under the influences of heat and moisture, swarming with innumerable germs of innumerable varieties. When fever of any description occurs, the restraining influence of the bile and other digestive fluids is, to a greater or less extent, removed; the operations of micro-organisms are enormously increased, and those hitherto innocuous are apt to develop virulence, while absorption from the alimentary canal into the blood is enormously increased. These indisputable facts render the bowels a source of danger in every fever; and from time immemorial the necessity of inaugurating the treatment of any fever with a cathartic has been recognized by all practical physicians.

In typhoid fever we have the added danger that the stools, further contaminated by the presence of a specific pathogenic organism, are in contact with surfaces at first inflamed, and, later, ulcerated. How can any physician claim that this is a matter of indifference? Would you use the typhoid stool as a poultice to be applied to ulcers or wounds or to inflamed tracts on the surface of the body? If not why are they less advisable as applications to similar tracts on the internal skin, the alimentary mucous membrane? Surely, there should not be alive today a solitary physician who would doubt the imperative necessity of clearing out from the bowel as much as possible of this dangerous substance and disinfecting the alimentary tract afterward. But is this possible?

When Lister introduced the antiseptic

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Exercise is loathsome and it can never be of any benefit when you are tired; I was always tired.—Mark Twain.

tic methods he devised means by which he attempted to remove from the surgeon's hands and the surface of the patient's body to be operated upon all pathogenic microorganisms and absolutely prevent the access of similar disease-generating germs. This ideal is now known to be unattainable. Such a thing as perfect asepsis or perfect surgical cleanliness is an impossibility. If it could be once produced it could not be maintained for the fractional part of a second. Every surgeon will admit this, and that all he does or seeks to do is to make an approximation as close as possible to it, leaving Nature's resistant forces to do the rest. Upon this approximation is built the science of modern surgery and this alone makes its glorious triumphs possible.

Such an approximation to asepsis we seek to produce in the alimentary canal and the objection that the ideal of perfect antisepsis cannot be produced applies no more in the one case than in the other. Because it is impossible on the surface of the body the surgeon does not go back to the pre-Listerian era of filth—but that is precisely what the opponents of intestinal antisepsis ask the physician to do.

The basis of the practice of intestinal antisepsis, however, is not built on theory, but experience. It is a fact which confronts us, and that fact, which has never been called in question, is the uniform diminution in the gravity of the symptoms present in any case of any fever but especially in typhoid fever, when the alimentary canal has been emptied and a sufficiency of disinfectants has been given to render the stools odorless.

Explain it as you will, the fact remains. And the further fact is, with the former, rapidly possessing the medical mind, that of all "clean outs," calomel and podophyllin, followed by a good non-irritating saline, take first place, while, as a "clean-up" nothing approximates in genuine utility to the c. p. compound sulphocarbolates.

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#### THE "SUPERIORITY OF LIQUID MEDICINES OVER ALKALOIDS."

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The liquid proprietary nostrum manufacturers, in a desperate attempt to stem the tide of professional opinion in favor of the definite, certain, unvarying active principles, are causing certain articles to appear in the journals under their control, tending to confuse the mind of the practitioner. To show how puerile, how self-condemnatory the articles are, we will take up their arguments.

One of the arguments is that the liquid medicines are more rapidly absorbed. "The rapidity of absorption of fluids by the blood will prevent the cumulative action which sometimes results from the use of alkaloids. This is a factor which should not be forgotten. Many deaths could be charged to this mode of action in the alkaloids."

This statement is as silly as it is untrue, and as untrue as it is silly. One might suppose that the alkaloids are insoluble substances, and that they cannot be administered in solution. It would be insulting to the intelligence of our readers if we were to tell them that the alkaloidal salts—the form in which alkaloids are always administered—belong to the most soluble of compounds. They are all readily soluble in cold or warm water.

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Never congratulate a person on his happiness until you know how he sleeps.—Jennings. Yet Hoch slept well before he was hung!

Genius is but a euphonious name for hard work. Where there is a will there's a way. Find a way or make one.

But suppose the alkaloid is administered in the solid state—i. e., in pill, granule or capsule form. Being soluble in the gastric juice, not being enmeshed by a lot of inert matter, the alkaloid is dissolved at once and is absorbed rapidly.

Not so with the galenic preparations. There the alkaloid is usually *in a state insoluble in aqueous menstua*. For instance, you cannot get out the strychnine from nux vomica, the quinine from cinchona by macerating in water. The menstruum must be strongly acidulated with sulphuric or other strong acid before the active principles can be dissolved out. And only too frequently the gastrointestinal mucosa and glands are unequal to the task of separating out the active principle. Several doses accumulate for a time—and then something occurs, making absorption possible—and here we have the cumulative effect.

And it isn't true that cumulative action is to be feared from the alkaloids; just the contrary is true! For instance, all the reports of the cumulative action of digitalis are reports on the galenical preparations of the drug. We are not familiar with any reports on the cumulative action of digitalin. And this is a point of the utmost importance for every practitioner to remember, a point which has not perhaps been sufficiently emphasized before: most of the alkaloidal salts *in the form in which they exist in plants are soluble in alcohol, ether and strong acid media, but insoluble in water media*, while the prepared and extracted alkaloidal salts—the sulphates, nitrates, hydrochlorides, etc., are soluble in water and in aqueous menstua.

We are enlightened by the light of those whose light has gone out, but nevertheless is shining yet.—Epstein.

The second argument is: "The alkaloids, when you have said the best you can in their favor, are at best only a part of the original plant." Of course they are only a part, but the best, the useful part. Nobody claims that sugar is the same as sugar cane, but we are perfectly satisfied with the sugar, leaving the mark to the cows. "Who would be rash enough to assert that all of the good of cinchona lies in the quinine or that of nux vomica in the strychnine?" Nobody has ever asserted it. Cinchona has other valuable alkaloids—cinchonine, cinchonidine and quinidine, and they are isolated and used as such. On the other hand we would ask: "Who would be rash enough to assert that the *wood* of cinchona has definite remedial properties, after the quinine, quinidine, cinchonine and cinchonidine have been extracted? And who would care to treat a case of malaria with the crude cinchona, instead of the alkaloids, anyway?"

And as to strychnine: we can do with strychnine whatever good can be accomplished by nux vomica, but in a shorter time and in a safer and more definite manner; but we cannot always accomplish with nux vomica what we can with strychnine. Tell us honestly: in a case of heart failure or collapse, to what would you pin your faith, to nux vomica or to strychnine? And the same can be said of every plant that has an insoluble active principle.

The liquid nostrum manufacturers and those interested in the sale of galenical preparations of uncertain strength will have to bring forth stronger arguments, before they succeed in stemming the tide towards rational, definite, certain, scientific therapeutics.

The President says the present medical corps of the army is only large enough to care for 40% of the present army. In case of war?

# LEADING ARTICLES

## THE EVOLUTION OF DRUG THERAPY AND SOME OF THE ELEMENTS OF UNCERTAINTY, OF DRUG THERAPY.

BY W. C. ABBOTT, M. D.

"Give me truths;  
For I am weary of the surfaces,  
And die of inanition. If I knew  
Only the herbs and simples of the wood,  
And rare and virtuous roots, which in these  
woods  
Draw untold juices from the common earth,  
Untold, unknown, and I could surely spell  
Their fragrance, and their chemistry apply  
By sweet affinities to human flesh,  
Driving the foe and 'stablishing the friend—  
O, that were much."

THE mind hungers for principles. For years we have listened to the cry "Give me truths!" and the master minds of our profession have devoted their lives to tracing possibly a single symptom of what was once called disease, back to the law of its origin.

It is a satisfaction to have lived in a generation in which medical science achieved its greatest victories, when it proved the law which alike controls the birth, growth, decadence of a normal or a planetary system; that law suspected, guessed at, but never comprehended until recently when it became known that when an organ or a part of any living entity hesitated in its work, that moment the destroying forces attacked it and did not rest from their labors day nor night until they had taken it to pieces, reduced it to its simplest elements and restored them to the common depository, the earth, for use.

The workmen in this process were once called decomposition and decay.

We know them better now as the living laborers, the unbuilders of nature. These by countless millions are the enemies with which medical and surgical science largely has to contend. To obstruct their work, arrest their mysterious reproduction, clear them or their toxins out of the human body and restore the tissues and organs to their normal condition is the Herculean task committed to our joint profession.

Every year the cause of science has been pressing onward. The advance in our profession has been marked by more triumphs and greater victories than in any other department of human endeavor. Yet in the scientific application of remedies to disease the progress has not been so great.

It is true that since Magendie's historic pharmacologic experiment to determine if strychnine had a specific action upon any organ there has been a great advance in rational therapeutics. The great advances have been made, however, in the realms of pathology, bacteriology, etiology and surgery. In surgery especially, results have been so near the miraculous that it is scarcely blasphemous to say that "the marvels of laparotomy are more wonderfully and infinitely more serviceable to mankind than the miracles of medieval times."

The result has been that we have been



filled with enthusiasm for the work of "the man behind the knife," and, like the mountain-climber who, having heard of the grand scenes that are spread out before those who reach the height, struggles up over steep walls of rock, through ravines and past obstructions and many beautiful scenes of most varied character, overlooking everything in his mad desire to gain the one end; so the physician, in his enthusiasm over surgery, in his zeal in his search for schizomycetes and other germs is too intense and scientific to consider the treatment of the sick, or to ascertain the action or quality of any drug which he may deign to administer to some suffering patient.

Diagnosis is of the utmost importance, but of no more value than (if as much) the proper treatment of a patient, said treatment being based on the indications of the symptoms presenting.

The man who would give us a remedy that would prevent or cure any one of the present so-called incurable diseases, though he did not know a pathogenic germ from a pug dog, would benefit mankind infinitely more than a dozen scientific diagnosticians and therapeutic nihilists.

One of the earliest and most pressing needs of humanity was a knowledge of remedies with which to combat pain and disease, and as remedies had to undergo preparation of some kind before they were administered it follows that the art of pharmacy must have preceded that of medicine. In truth, in the earlier history of our race and even up to a period not so very remote, pharmacy and medicine were "twin sisters."

The work of the great Italian anatomists, Vesalius, Fallopius, Eustachius and

others, in the latter half of the sixteenth century, led, eventually, as Leech remarks, to the overthrow of the Galenic system of drug therapeutics. The early editions of the London Pharmacopeia (1618) probably indicate fairly well the method on which drugs were used in England at that day for the cure of disease.

We also see the influence of the discovery of the New World on medicine, for guaiacum, cubebs, sarsaparilla, and sassafras, are amongst the official substances. Nearly all the compounds were very complex, many of them containing 30 to 50 ingredients; in the "*Antidotus Magna Matthioli Adversus Venena et Pestem*" there were 131 ingredients.

All the advocates of theories in those days contributed something to the knowledge of the treatment of disease by drugs: To Willis and Sydenham we owe the greatest advances. Willis' prescriptions are complex and contain not only a large number of useless agents, but such remedies as the human skull, vipers' flesh, millipedes, etc. Sydenham attempted to determine definite lines for the administration of drugs; he also sought to discover specific remedies, such as he held cinchona to be for ague. He preferred vegetable drugs to animal or mineral. His prescriptions were more simple than those of Willis, and they are almost free from absurd constituents.

Despite the influence of these two men, we find that the Pharmacopeia of 1677 contains about as many drugs and compounds as that of 1618.

At the end of the seventeenth century the theories of Boerhaave, Hoffmann and Stahl, considerably influenced therapeutics. Not only these men, but many

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What appears to be intercostal neuralgia is sometimes the first indication of thoracic aneurism.—Heinen.

The Army needs 150% more surgeons. The surplus doctors in the country would fill rank and file of regiments. Coapt!

others, added something to the general fund of knowledge concerning therapeutics, but nevertheless the treatment of disease by drugs improved but slowly and was dominated by strange conceits and superstitions. The formulae in the Pharmacopeia of the Royal College of Physicians in London (1721) were crude, but somewhat less complex than in the previous century, although "Mithradatum" contains 49 ingredients; "Theriacal Andromachi" 63, including vipers' flesh; and one of the "Confections," 50 ingredients. Twenty-five years later the Pharmacopeia of the College of Physicians indicates a considerable change. The compounds are much simpler, and with few exceptions they are not unlike those of the present day in the number of their ingredients.

The London Pharmacopeia (1788) and that of Edinburgh (1780) reflected the rapid advance of knowledge in Physiology, Pathology, Chemistry and Medicine. The excessively complicated formulae, which the older pharmacopias contained, were swept away.

With Brown, Broussais and Hahnemann the theoretical systems of treatment which had succeeded one another since the sixteenth century, came to an end. Therapeutics became rational. The advances of chemistry gave facilities previously wanting, for exact investigation of the action of drugs. Stoerk, indeed, in 1762, had published a good account of the action of henbane, aconite, and some other drugs on the healthy organism, together with the therapeutic inferences he drew from this action.

As chemistry advanced, greater efforts were made to find the active principles of plants. All investigators recognized

the importance of determining and isolating these principles, but it was not until the early part of the nineteenth century that chemists were enabled to separate several important alkaloids. Morphine was discovered in 1816, quinine in 1820, strychnine in 1818. These discoveries facilitated those investigations into the action of drugs on the various organs and tissues of the body and their functions of which Magendie, as has already been stated was the pioneer. Soon chemists throughout Europe were busy in attempting to separate the active principles from all well-known drugs, and physiologists and pharmacologists, notably Claude Bernard, were equally active in following out the researches which Magendie initiated. The discovery of the active medicinal principles of plants marked the greatest advance in modern drug therapy.

We are surrounded by "a cloud of witnesses" who will testify to the incomparable value of these active constituents over the galenic preparations; yet habit and custom are so strong, that many physicians still continue to use tinctures, infusions and other unreliable fluid preparations of crude drugs.

Advanced pharmacists and physicians have long recognized the unreliability of these preparations and have sought to improve our pharmacopeia by the introduction of "standardized" preparations that will contain a uniform amount of the alkaloidal principles in a plant.

The effects of crude vegetable drugs, and therefore of the galenic preparations obtained from them, are apt to vary; and this variation is at times increased by differences in the method of preparation. Hence arises, perhaps, the divergence of

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Don't forget that the careless use of the ice-bag may cause intercostal neuralgia. Watch out.—Heinen.

Labbe finds deficient elimination of chlorides a factor in obesity; restriction of salt is then a point in its treatment.—N. Y. M. J.

opinions so often noted with regard to the therapeutic powers of certain drugs.

It is to be regretted that many pharmacists, dominated by price-considerations alone, take no precaution to even secure a good quality of crude drug, being willing to sacrifice a patient's chances of recovery and a physician's reputation *for mere money*. The "standardized" preparations have obviated, to some extent, a source of error in drug-therapeutics, but it must be manifestly obvious to any thinking physician that even a "standardized" preparation cannot be equal in concentration, activity, uniformity and consequent reliability, to the alkaloid or active principle of the drug itself. Note what our best authorities say about crude drugs and their preparations.

Wm. Murrell, M. D., Physician to and Lecturer on Pharmacology and Therapeutics at the Westminster Hospital, London, in his "Manual of Pharmacology and Therapeutics" says:

"Very many vegetables and organic, as well as inorganic combinations are susceptible to change under the influence of the atmosphere. . . The well-known variability of different specimens of ergot probably arises from the fact that ergot unless carefully dried and packed in closely sealed receptacles soon loses its activity. Freshly-gathered pomegranate-root bark is a reliable anthelmintic; but when dry and old it acts as an emetic and intestinal irritant.

"As a rule collectors of crude vegetable drugs are but imperfectly acquainted with their botanic characters, and fail to distinguish accurately between allied species. In many cases the physical or chemical distinction between good and bad drugs is difficult and sometimes

it is even impossible of determination."

"The activity of a drug often depends upon its habitat. The representative commercial values of different varieties of opium, aloes and colocynth, for example, depend very much on the country in which they are grown. While one or two grains of Socotrine aloes will induce a comfortable evacuation of the bowels, a similar effect cannot be produced with any certainty from five times this dose of Arabian or Moka aloes. Digitalis grown on the hills is much more active than the foxglove which grows in the valleys or is cultivated. English and American hemp are quite different in physiological action from the hemp grown in tropical climates, which yields hashish."

"The season of the year at which a plant is gathered notably affects its medicinal activity. For example, digitalis, especially the mountain digitalis, gathered on mountain ranges of central Germany, is much more active when the plant is in full bloom and at the acme of its vigor. The corm and seeds of colchicum yield a much *larger percentage of colchicine\** when the plant is in full bloom than at other periods of the year.

"The juice of *Ecballium elaterium* or squirting cucumber yields from four to five percent of elaterin when collected in July, whilst in September it is almost entirely destitute of this principle. Extract of hyoscyamus made from the dried leaves, contains very little alkaloid while an extract made from fresh leaves yields a considerable percentage."

"It is reported that the practice is not uncommon to defer the sale of roots of

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\*The italics in this article are mine; you do the thinking.—W. C. A.

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Don't forget that abdominal pain in children is sometimes a symptom of pneumonia.—Heinen. Good point.

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The Panama canal is being dug with as little sickness as would occur in a similar ditch from Philadelphia to Baltimore.—Gorgas

*Convallaria majalis* (lily-of-the-valley) until after the flowering season, by which time all their medicinal properties have vanished. . . .

"Powdered drugs are commonly of inferior quality for two reasons: First, because inferior and less-sightly portions of the plant are employed in their preparation; and second, because the facilities for adulteration are great."

"It is often found that powders are offered at the price of, or at an inadequate advance upon the cost of, the crude drug, notwithstanding the loss which of necessity results from powdering and drying, to say nothing of the labor involved."

"Many pharmaceutical preparations, as ordinarily purchased, are not in accordance with the requirements of the Pharmacopeia. Tinctures vary materially in character and quality, and there is reason to believe that many tinctures are systematically prepared of light weight, both as regard drug and menstruum, in order that they may be sold at a lower price."

Some years ago Prof. C. Lewis Diehl, of Louisville, Ky., issued a report on "Deteriorations, Adulterations and Substitutions of Drugs," in which he gave a list of roots which had at different times been examined by competent authorities. It was found that "much of the aconite root sold was tasteless, having evidently been first exhausted and then dried. Of three packages of arnica, one contained fifty per cent, another only ten per cent, whilst the third contained none at all," etc.

From Oldberg and Wall, "A Companion to the United States Pharmacopeia;" "Well-made fluid extracts are, as a rule, the most efficient as well as con-

venient of all preparations of vegetable drugs. . . . It is obvious that in order to thoroughly extract the *active principles* it is generally necessary to bring the solvent into actual contact with them, which can only be accomplished by breaking, tearing or separating the cells, which make up the structure of the drug."

"The drug from which a fluid extract or any other galenic preparation is made, must be thoroughly sound, of good color, have the proper characteristic odor and taste belonging to it, and must be free not only from parts of other plants or substances and from dirt, but from inert portions of the same plant. It must have been gathered at the proper season, and when used it must be thoroughly air dry. *Unless all these conditions are fulfilled the products must inevitably be inferior if not worthless.*"

"Fluid extracts are so prepared that each cubic centimeter of the finished preparation represents the active constituents of one gram of the drug. . . . To prepare fluid extracts, such as fully represent all of the medicinal activity of the respective drugs, cubic centimeter per gram, and *which keep well, retaining their activity and their freedom from deposit, is by no means easy.* . . . The very best fluid extracts *require to be carefully preserved in order to retain their good quality. They must be kept in a moderately warm room, where no great or sudden changes of temperature take place, and as many of them are unquestionably more or less injured by exposure to light,* they should be kept in a rather dark place or preferably in amber-colored bottles."

In commenting upon tinctures, Oldberg and Wall say: "*We believe that many of the official tinctures are useless*

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In pneumonia look after the stomach. If largely dilated it displaces the heart and increases its work.—Heinen.

J. M. Taylor seconds Sajous' suggestion to maintain antitoxic blood by early use of saline solution in all fevers.—*Med. Record.*

*preparations.*" They mention a large number as being, in their opinion, superfluous, among them they mention aconite, belladonna, bryonia, Indian cannabis, cimicifuga, cinchona, hyoscyamus, ignatia, lobelia, nux vomica, physostigma, quassia, sanguinaria, stramonium and veratrum viride.

Prof. Joseph P. Remington, Professor of Theory and Practice of Pharmacy, etc., in the Philadelphia College of Pharmacy, says regarding the tinctures: "The use of alcohol as a solvent for the *active or useful principles* of drugs has been practised for many years, but it has required a long time and much experience to determine the proper proportion of water to dilute the alcohol so that the menstrua should thoroughly exhaust the drugs without extracting the inert principles, and yet contain sufficient alcohol to secure *permanent preparations that will not deposit in time a portion of their active constituents.*" "The striking advantages possessed by fluid extracts" are, says Remington, (1) Permanence. (2) Concentration. (3) The uniform relation existing between the fluid extract and the drug."

Speaking of the precipitates which occur in fluid extracts, Remington says: "The character of the precipitates should be ascertained: *if active*, they should be incorporated by shaking with the fluid extract; if inert, they should be filtered out." Regarding the importance and value of alkaloids Remington says: "*The alkaloids are unquestionably the most important of all the organic compounds which are of interest to the pharmacist; the most active and potent remedies that he dispenses belonging to this class of principles . . .* They are

generally the *active principles* of the plants in which they reside, and are mostly very poisonous or *energetic remedies*, having a bitter, acrid, or pungent taste."

Prof. Wm. H. Thompson, New York, in "Note on Materia Medica and Therapeutics," says: "*An alkaloid is a definite chemical substance of organic origin. The preparations of the drugs from which the alkaloids are obtained may vary in strength, but not the alkaloids themselves, which are always of the same strength, and hence are said to be definite.*"

Prof. Hobart Amory Hare, in "A System of Practical Therapeutics," says: "If simplicity be not an unerring sign of the master in medicine, multiplicity of combination is without doubt the mark of the bungler and of the ignoramus. It is usually better to prescribe powerful remedies singly. . . . A very important consideration in regard to the combining of drugs, is that even when drugs are to be exhibited together it is frequently better to keep them separate and uncombined, because the exigencies of the case may well require variations of the dose of the one without corresponding increase or decrease of the other."

Here is a mass of evidence concerning the galenical preparations which, it seems to us, must convince the most conservative, that the chances for securing uniformly reliable and stable remedial agents from members of this class are, to say the least, far from probable. That there are many good galenics we do not propose to deny, but the very fact that the crude drugs upon which even the conscientious manufacturer must depend are very often of uneven

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Don't make the mistake of overfeeding your pneumonia patients; don't give gas-forming food.—Heinen.

All cases of acute rheumatism articular need rest; not only of the joint but which is more important, of the heart.—Morgan, *Med. Rec.*

quality shows the complexity of the problem with which he has to deal. And what opportunities are opened for fraud and deception to the unscrupulous.

We shall continue the discussion next month with further testimonies from other authorities.

Chicago, Illinois.

(To be continued)

## MUTUAL RELATIONS OF DRUGS AND THE DIGESTIVE ORGANS.

BY J. H. SALISBURY, A. M., M. D.  
Professor of Medicine, Chicago Clinical School, Chicago

IT is laid to the charge of modern therapeutics that it lags behind the other departments of medicine in the advances of the last two decades. This appears to be especially true in the practical application of physiologic and pathologic investigation to the administration of medicines through the gastrointestinal tract. Little attention has been given to the effect of the varying condition of the digestive organs in modifying the effects of medicines or to the changes that they may produce in the organs themselves.

In one of the best books on *materia medica*, the statement is made without modification or discrimination that crystalline substances, as, for instance, alkaloids, are rapidly absorbed from the stomach. Now the experiments of von Mering, v. Otto<sup>1</sup>, Z. Inouye and T. K. Kashiwade<sup>2</sup>, K. H. Bass<sup>3</sup>, and others have demonstrated that in dogs and probably in man iodides are not absorbed by the mucous membrane of the stomach, while strychnine is not absorbed from the stomach of the rabbit, but is from that of the dog and probably by the human stomach. On the other hand salicylic acid and even salol are absorbed by the gastric mucosa and it is probable that other organic compounds are taken

up in like manner with these remedies.

Inouye found that atropine was not absorbed and the same result was obtained with rhubarb. These facts show that some caution is necessary in making a statement in regard to the time and manner in which medicines enter the circulation. The substances that are not absorbed by the gastric mucosa are usually passed rapidly into the duodenum and quickly taken up by the mucous membrane of the intestine. Our information in regard to the behavior of individual drugs is very incomplete, but the general facts that have been established may point to several practical conclusions:

1. For many substances the stomach presents a very uncertain route by which to introduce medicinal agents, especially when it contains food. Absorption from the stomach is probably slight or absent in the case of inorganic salts, better for organic salts, but still very uncertain for alkaloids. When the motor power of the stomach is good the medicine will be propelled into the intestine and there meet favorable conditions for absorption. This will occur in about fifteen minutes if the stomach is empty when the medicine is given. If the stomach is full the expulsion may be delayed until near the

Give water freely in pneumonia; it allays the thirst, reduces the fever and increases the elimination of toxins.—Heinen.

The discovery of living typhoid bacilli in stools, months after the host's nominal recovery explains many outbreaks.—*Med. Record*.

end of the period of digestion and the absorption of the medicine may be correspondingly slow. In case the stomach is atonic or subject to stasis from obstruction at the pylorus, absorption may be indefinitely delayed, especially if the drug is one that is not naturally absorbed from the stomach. It is probable that if the stomach is in a condition of catarrh the mucus will present an additional obstacle to the absorption of medicines.

2. The absorption of many substances, such as peptones, sugars, and probably alkaloids and organic salts, is facilitated by the presence of alcohol. This may be an argument in favor of the employment of tinctures, although it applies chiefly to emergencies in which the alcohol could be added extemporaneously. It would seem advisable, therefore, when we are doubtful of the ready absorption of medicines, and especially when there is need of rapid action on the part of the drug which we administer, to dissolve it in dilute alcohol or to follow by some drink containing alcohol.

3. In case the rapid absorption of a remedy is desired, it is probably better to administer it in not too great dilution. The greater the quantity of liquid introduced into the stomach, or present in it at the time of administering the drug, the slower will be the process of absorption, since if it is absorbed from the stomach it will take longer for a large quantity of liquid to pass through the stomach wall than for a small quantity, and if it must first be expelled into the intestine, the larger the amount of liquid, the longer it will take for it to pass into the intestine and reach the point of absorption. The prac-

tician often sees illustrations of the difficulties placed in the way of securing the effect of medicine by the amount of liquid in the stomach. I remember a case of gastralgia in which after administering chloroform, morphine, and other anodynes, vomiting occurred with the rejection of probably all the medicines administered. In such a case how futile to expect the prompt action of remedies lying in a mass of irritating ingesta. Prompt and complete evacuation of the stomach is apt to prove the surest anodyne.

The experiments of Cannon<sup>4</sup> point to another practical conclusion regarding the administration of drugs. He found that carbohydrates, such as starches and sugars, left the stomach in a much shorter time than the proteids which are retained in that organ, which is the seat of the first process in their normal digestion; while the carbohydrates, not needing the digestive action of the stomach, pass on almost at once into the intestine where they find their normal place of digestion. The inference from this is that if a vehicle for the drug administered is needed, a syrup is preferable to an albuminoid medium like milk.

The occurrence of iodism in the course of the administration of iodides receives its explanation in the condition of the stomach according to the investigations of A. Djelogolowy<sup>5</sup>, who found that this symptom occurred especially in patients with hyperchlorhydria and was due to the fact that nitrites were present in the gastric juice and were decomposed by the acid, yielding free nitrous acid which set free iodine from the iodides. The iodine thus liberated was the cause of the iodism. The danger of adminis-

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If in pneumonia the specific gravity of the urine remains low throughout, be guarded in your prognosis.—Heinen.

Continuance of typhoid germs in stools is explained by Doerr as due to growth in the gall-bladder indefinitely.—*Medical Record*.

tering iodides to the subjects of hyperacidity is thus emphasized, and the proper method of preventing this complication. The administration of an alkali along with the iodide in susceptible cases ought to prevent the presence of free acid and the liberation of iodine. Probably the utility of milk as a vehicle for iodides may find its explanation in this circumstance. Milk or other albuminous food would neutralize the free acid and thus prevent the occurrence of iodism.

The uncertainties of absorption from the stomach may possibly be avoided in some cases by absorption from the mouth. Stevens<sup>6</sup> notes the absorption of nitroglycerin and of tincture of aconite in this way. Probably what applies to the tincture of aconite would be equally true of the alkaloid aconitine. We know that the alkaloid atropine, applied in solution to the conjunctiva, may produce systemic effects without entering the stomach, and the same is probably true of other alkaloids. It would seem probable that success in effecting absorption through this route would depend upon the use of minute doses in fairly strong solution, as when a granule of one of the alkaloids is allowed to dissolve upon the tongue. It is very evident that the simple alkaloid or other active principle stands a better chance of being absorbed from the mouth than the mixture with inert substances in powders, pills, tinctures, etc. An advantage of absorption from the mouth is that the drug passes directly into the general circulation without traversing the liver. Its action ought to be more rapid and effective in smaller doses, because the liver has the power to store up

and destroy the poisons which pass through it and would probably in this way lessen the effectiveness of the dose coming to it from the stomach. Its action on the dose absorbed from the mouth would not be exercised until the remedy had passed through all the system and had a chance to act on all the tissues.

Another subject to which, in my opinion, insufficient attention has been given is the action of various drugs upon the functions of the stomach and intestines. I do not refer here to the actions upon which the therapeutic uses of medicines are based in diseases of the digestive organs, but to the incidental effects which may be injurious or otherwise. The accusation is often made against the regular profession that their medicines disturb and injure the stomach. When actual injury is not done the disgust aroused by disagreeable taste or nauseous appearance may by lessening the appetite seriously impair digestion and assimilation. Our medicines should therefore be bitter, but never nauseous; and instruction is needed as to how best to secure the one and avoid the other. But aside from this the possibility of injury to the gastric mucosa is not to be disregarded and if, as we know, a grain of arsenic may produce violently-marked inflammation of the mucosa, what is the limit at which this action ceases to occur? Of course investigation in regard to these effects upon the mucous membrane of the stomach is peculiarly difficult, but it would appear as if pharmacology had not concerned itself with these details, which are to the practitioner of immense importance.

Recent investigations by Baas and by

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In pneumonia give all drugs hypodermically if they do not act promptly when given by the usual route.—Heinen.

Dysentery: Zinc sulphocarbolate with pepsin is very good and much used; the amebae will not thrive in an acid medium.—Jelks.



Hirsch have shown that morphine increases the acidity of the gastric juice and thus leads to a retardation of the expulsion of the stomach contents. It is also known that morphine is re-excreted into the stomach, especially in cases of poisoning. These facts have an important bearing upon the administration of morphine for pain in the stomach. It should never be given when the cause of the pain is hyperesthesia of the stomach to acids, or where an excess of acid is known to exist in the stomach. The absorption of remedies administered to patients who are under the influence of morphine is apt to be materially hindered. Baas found that when iodides were administered to animals or men who were under the influence of morphine, absorption did not take place for hours. This may explain the occasional delay in the appearance of symptoms of poisoning from strychnine when morphine has been taken at the same time. Wormley<sup>7</sup> cites several cases in which under these circumstances the symptoms of poisoning by strychnine were delayed from two to twelve hours. Such cases would seem to indicate that the human stomach does not absorb strychnine, and it is possible that human stomachs may differ in this respect, some resembling the herbivora which do not absorb this alkaloid while others approach the carnivorous type in which strychnine is readily absorbed by the stomach.

An unfavorable influence of iodide upon the mucous membrane of the stomach appears to be the cause of certain cases of gastritis. Purulent gastritis has been attributed to the action of iodine by Kleineberger<sup>8</sup>, who relates a case of a man under treatment for asthma by

potassium iodide, who developed symptoms of a severe gastritis which terminated fatally, the autopsy revealing supuration of the gastric mucosa. While there is some reason to attribute this case to the action of mercuric iodide, since calomel was given at the same time or shortly after the last dose of iodide, there is little question of the disease being due to the action of the drugs administered. Such effects of the iodides have been explained by the supposition that an eruption occurred upon the gastric mucosa similar to the acne that appears on the skin in consequence of iodism.

It is not the purpose of this paper to give an exhaustive account of the mutual relations of medicines and the digestive tract, but rather to suggest some of the directions in which the result of research should be applied and also to point out some fields for future investigation.

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- Chicago, Illinois.

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Professor Salisbury's thoughtful paper throws many interesting sidelights upon the action of a number of important remedies. Especially pertinent are his suggestions concerning the portions of the digestive tract from which various remedies are most readily absorbed.

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Pneumonia: The teaching of such theories as Osler's is responsible for the great increase in mortality.—Dotson, *Medical Era*.

In pneumonia a struggling heart is often aided by placing an ice-bag over the pericardium.—Heinen. Do you agree?

That glonoin will be taken up with astonishing rapidity from the mucous membrane of the mouth we have often called attention to in the CLINIC. Es-

pecially interesting are the points which he raises concerning iodides, how best to give them, and how iodism may be obviated.—Ed.

## THE THYROID GLAND.

BY H. D. CHAMPLIN, A. B., M. D.

### II.

**I**N brief, the views ascribe to the gland an internal secretion that possesses either a nutritive or an antitoxic function, i. e., that under the phenomenon of athyrosis there is withheld from the organism either a material necessary for its nurture, or, a substance having an antitoxic action against certain products of tissue metabolism.

"The great majority of authorities and investigators assign to the gland an antitoxic function which in a direct or indirect manner antagonizes certain poisons of tissue metabolism that, accumulating in the blood, injuriously affect the general organism and in particular the central nervous system."

Langlois, Martin, Gurnard, Oliver, found the pulse became weak and rapid, blood pressure is very markedly reduced, while the arteries and arterioles are dilated, especially the peripheral vessels. There is probably some connection between the phosphorus metabolism and the thyroid secretion, as the effect of congenital absence or early removal of the gland produces an arrest of development especially of the skeleton; the long bones and vertebrae suffering the most.

#### CHEMISTRY.

In composition the thyroid secretion is a colloid substance which does not contain mucin; from this several important constituents have now been separated.

Most investigators regard the proteids as being the most important and active constituent of the secretion.

Notkin regards thyreo-proteid as an active constituent which behaves like an enzyme.

Gourlay found nucleo-proteid and that it contained phosphorus to the amount of 0.32 per cent.

Baumann and Roos made the important discovery that the colloid substance contains iodine in an organic combination with proteid which they called thyro-iodine; this substance contains 9.3 per cent iodine and 0.56 per cent of phosphorus.

Hutchinson found two proteids: (1.) A nucleo-albumin contained in the epithelial cells. (2) A colloid material contained in the acini.

S. Fraenkel obtained a crystalline substance which he named thyreoantitoxin. So far there is no evidence to show that this body is endowed with active properties.

#### THE RESULTS OF LOSS OF THE SECRETION.

In man the results of failure of the normal supply of thyroid secretion from disease of the gland are seen in primary myxedema, and from removal of the gland for goiter in secondary myxedema or cachexia strumipriva.

Arrested development, or destructive disease of the thyroid in adolescence brings about a condition known as pri-

Products secreted as the result of microbic activity react upon the organisms themselves, protecting us more or less.—Field, *Lancet-Clin.*

In pneumonia keep your patient quiet and secure sleep if possible. It is necessary to preserve all vital force possible.—Heinen.

mary cretinism. Imperfect, inadequate and arrested thyroid secretion can cause myxedema. In infantile myxedema, i. e., cretinism, either the thyroid is totally absent, or there is more or less deficiency of glandular elements and excess of connective tissue with cellular debris. The cause of such marked structural lesions, with corresponding great functional disorders can safely be ascribed to impaired oxidation. The symptomatology of infantile myxedema bears this statement out in every particular. The temperature of cretins is invariably subnormal; they always suffer from cold. The nutrition of tissues is impaired; the brain remains undeveloped; the fontanelle often remaining patent; the first and second dentitions are delayed, the skin is dry and thickened, the hair is coarse, thin, sometimes absent, the nails are short, brittle and striated. Growth is very slow and arrested at an early age, ossification being tardy. The muscular system is weak and the head tends to droop forward. The genital organs show no sign of development; testes and ovaries being infantile there is a marked tendency to severe hemorrhage from the uterus, gums and nose and cyanosis is often observed.

The well-known effects of thyroid extract in these cases in enhancing oxidation may be exemplified in the prevailing views, which the following excerpt taken from G. N. Crary's article (*St. Louis Medical and Surgical Journal*, July, 1895) correctly shows.

Increased metabolism is shown by: (1) Elevation of temperature. (2) Increased appetite with more complete absorption of nitrogenous foods. (3) Growth of skeleton in the very young.

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Every moment of his life man runs the risk of being overpowered by poisons generated within him.—Bouchard.

(4) Marked improvement in the body nutrition generally.

Indeed every abnormal condition present, including the mental torpor, seems to gradually recede until the change produced in many cases is marvelous.

Iodine is the most active factor of the thyroidal constituents.

Cohen (Solomon Solis-) has made the clinical observation that, "In cases of goitrous patients, those who were unduly susceptible to cold would do well and those who were unduly susceptible to heat would do badly under treatment with thyroid preparations." This can be explained from the fact that in those "unduly susceptible to heat," the central vascular trunks are contracted and the peripheral capillaries are over filled and dilated and the thyroid preparations by adding to the stimulation accentuate the symptoms. The opposite result may be expected when the patient is "unduly susceptible to cold" because his central vascular trunks are dilated and his superficial capillaries contracted.

We may summarize what has been learned of the effects of thyroid experimentally thus:

1. Used internally it greatly increases the elimination of nitrogen, or in other words hastens tissue-waste in the proteid portions of the body, i. e., the muscles.

2. Under its effects a greater amount of oxygen is taken in; and the amount of CO<sub>2</sub> given out is increased.

3. It hastens cell activity; under its use the life history of a cell is carried quickly to its completion, which may account for its great field of usefulness in cretinism and myxedema (in which cell

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In acute appendicitis never give food or cathartics by the mouth. Secure intestinal rest—absolute.—Heinen.

life is so slow that the cells never reach maturity in all its completeness).

4. It seems to prevent the body from utilizing all the fat-forming material which may be ingested.

5. Its effect upon the blood pressure is due to a depression of the activity of the heart.

6. Upon the blood the effects vary: (a) In moderate doses no effect is produced; (b) in excess the blood cells are destroyed; (c) given to a myxedematous patient the cells are greatly increased.

The administration of thyroid preparations will frequently produce glycosuria and when that symptom already exists will often render it more intense. Glycosuria not only results in subjects who are already the victims of thyroidism, but in apparently healthy individuals. This phenomenon can not be dismissed with the assumption of Strauss that thyroid preparations produce glycosuria only in subjects that are predisposed to it. Bettmann was able to produce glycosuria by a week's thyroid medication in 12 out of 25 normal healthy people. It is not reasonable to suppose that so large a proportion of healthy individuals (48%) is predisposed to glycosuria. This power of thyroid preparations to cause glycosuria may be regarded as similar to the effect of suprarenal extracts, which are capable of inducing glycosuria. It speaks in favor of a grave influence over carbohydrate metabolism and leaves us to perforce accept the conclusion that the perverted thyroid activity of exophthalmic goiter disease is at least a factor in producing the associated glycosuria. In other pathologic states associated with hyperactivity of the thyroid, viz., chlorosis, acromegaly and pregnancy, glyco-

suria is frequently noted as a development.

I think it improbable that the thyroid is directly concerned in carbohydrate assimilation. The most reasonable explanation of the glycosuria of this disease is that it is a toxic glycosuria, the toxin consisting of the thyroid or parathyroid secretion, which results from the abnormal gland activity. The appearance of glycosuria in exophthalmic goiter or its increase when already present may be taken as evidence of increasing thyroid toxemia and, consequently, may prove an indication of prognostic value.

#### THERAPEUTICS.

Among the benefits attributed to thyroid extract, diseased conditions of the uterus must not be overlooked. Uterine fibromata and myomata are favorably influenced by its use:

1. By lessening the blood supply to the pelvis.

2. Arrest of the growth and an improvement of the general health.

3. Disappearance of pain and relief of the fulness of the abdomen.

4. Increase of muscular and nervous energy.

In these cases it is well to combine the thyroid with ergot, hydrastis, arsenic, digitalis, calcium chloride. The dangers in its use are gastric irritation, or if pushed and long continued, thyroidism.

*Menstrual disturbances.*—There is probably no drug which has proven so beneficial at puberty, when menstruation is delayed, irregular, or scanty, a small dose daily (2 1-2 grains) for a month or two bringing about a normal menstruation, with improvement of the general health. In cases of amenorrhea or dys-

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Self-poisoning is only prevented by the activity of the excretory organs, chiefly the kidneys.—Field, *Lancet-Clinic*.

In acute appendicitis never give large enemas; avoid any distension of the bowel—rest again.—Heinen.

menorrhœa the use of thyroid is effective as it readily diminishes and abolishes uterine and ovarian pains, acting as a uterine and ovarian anodyne and sedative. To avoid any ill effects the remedy is best given two or three days before the expected period in one-grain doses and when menstruation is established two-grain doses three times daily during the period. In cases of grown women and especially those who have not been married, it often happens though no atrophy of the gland be detected, the stimulus of an extra amount of thyroid secretion will reestablish menstruation.

At the climacteric, especially when occurring prematurely, the drug proves of inestimable value, very often reestablishing menstruation and putting a quietus on the numerous minor symptoms which are so common at this time. To Dr. Chas. G. Hill, of Mount Hope Retreat, belongs the credit of first observing this important result of thyroid feeding.

In some of the chronic insane who had failed to menstruate for a year or two he noticed invariably marked improvement, physically and mentally, with a return of menstruation, treatment being given only one or two months. In endometritis with hemorrhages thyroid is of value by stopping the bleeding, relieving pains, and lessening pelvic congestion; and it is a valuable agent in painful and adherent ovaries, relieving pain and lessening the amount of the blood supply.

In *uterine carcinoma* (even after recurrence when parts have been thoroughly removed) thyroid has proved a worthy remedy, causing cessation of hemorrhages and a decrease in pain, swelling and congestion.

Dr. Page, of England, claims to have cured a case of recurrent cancer of the breast by continuous use of thyroid extract for eighteen months.

In *frequent abortion*, the thyroid extract is an agent to be relied upon and succeeds beyond one's utmost expectations in bringing about excellent results. If the case is seen early and thyroid administered the flow is stopped and the impregnated ovum retained.

It has been found of great value in the treatment of cases of *puerperal insanity*, the reason being that the thyroid has suffered from hypersecretion during pregnancy, and is suffering from cell fatigue.

*Bright's disease* in the early stages, when we have the headaches, dizziness, and the dilation of the left ventricle indicative of increased blood pressure; thyroid will very often relieve the symptoms and even arrest the disease. With the treatment, attention must be paid to the digestive organs and the intestinal tract.

In the treatment of *obesity* it has been vaunted as the remedy *par excellence*, but the type of case in which it is beneficial can be described as follows:

"They are cases where there has been a somewhat sudden increase of adipose tissue over the whole body following some acute disease such as typhoid fever; women after pregnancy, or when the climacteric has arrived at thirty-five or forty years of age. These patients complain of rheumatic pains in the limbs; giddiness and faintness together with a nervous condition simulating hysteria, and the patient may be domineering and irritable. The physical signs are few except the obesity which is generally con-

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The liver acts the part of a sentinel to the materials brought to it by the portal vein from the alimentary canal.—Field, *Lancet-Clinic*.

For the vomiting at the beginning of scarlatina give bismuth and 1-10 grain calomel every hour till bowels move freely.—Heinen.

finned entirely to the face and the body."

The dosage should be regulated with great care, beginning with one grain per day and increasing very slowly. It is well to combine the thyroid with strychnia or adonis vernalis. Thyroid feeding is not an "antifat" of universal application, and great caution should be observed in its use in cases of obesity. Large doses will reduce fat, but with it there is heart failure and depression of spirits.

*Eclampsia* is thought by the average number of practitioners today to be due to an autointoxication, and the conditions found to exist are, "Increased mean blood pressure, a perverted metabolism, decreased elimination by the kidneys with, in the majority of cases, albuminuria with or without casts, the pathologic findings being fatty degeneration of the liver and kidneys."

The thyroid function being increased during pregnancy, if for any reason the thyroid has failed to fully develop, though secreting under ordinary circumstances, the pregnancy puts too great a strain upon it and it fails to respond. (Garnier and Roger have shown the gland to be affected by the acute diseases of childhood, rheumatism, typhoid, etc.) and at the first pregnancy there is a deficiency of thyroid secretion which serves as a cause in producing eclamptic convulsions at term in primiparas; should the gland never acquire a sufficient secreting power there are eclamptic seizures at every successive labor.

Seizures occurring in cases of multipara, but who have escaped in preceding confinements, may be caused from the strain upon the gland during former pregnancies or some intercurrent disease has

affected the functionation of the gland.

The principal symptoms of eclampsia are the same as those of hypothyroidism, viz., high mean arterial pressure, decreased elimination by the kidneys, perverted metabolism and very often albumin and casts. The dosage in these cases should be the full amount before and after confinement, i. e., until lactation is normal, and the urinary secretion freely established.

*Parathyroid treatment for eclampsia.*—Professor Vassale of Modena has been applying in therapeutics the extract of the parathyroid glands. He has found the active principle of the parathyroid glands remarkably efficient in the treatment of puerperal eclampsia. The relations between the thyroid gland and pregnancy have long been studied, and it proved a great disappointment when thyroid treatment failed to display appreciable efficacy in the treatment of puerperal eclampsia. Vassale has taken up the study again, but uses the extract of the parathyroid glands alone. At the Italian Congress of Gynecology, last year, an experimental study was presented on "Thyroparathyroid Insufficiency and Eclampsia," which supplied an experimental foundation for parathyroid treatment. Pestalozza urges its trial on a large scale in the treatment of eclampsia. His editorial on the subject is in the *Ginecologia* for February 28, 1905.

It is now well known that thyroid extract has a bad effect on patients with *exophthalmic goiter*. Under its influence the pulse becomes more frequent and the other symptoms are increased. In some instances where other treatment had been followed by marked improvement the administration of thyroid ex-

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Disease depends upon products of putrefaction and fermentation rather than direct action of microbes on the system.—Field.

Cardiac complications of scarlatina are treated best by absolute rest and the application of cold to the precordium.—Heinen.

tract has been followed by a relapse into the former condition. In my opinion it should never be given in exophthalmic goiter, as it is only adding fuel to the fire. The results of surgical treatment of exophthalmic goiter undertaken with the object of reducing the amount of secreting tissue by removal of one lobe, or of inducing atrophy by ligature of some of the arteries which supply the gland, are of great interest. Unfortunately, the operation itself though sound in principle is at present by no means free from risk. The steady improvement, however, which has resulted in many cases in which it has been successfully performed affords still further evidence that the symptoms of exophthalmic goiter are due to the overactivity of the thyroid gland.

It is a fact of considerable interest that along with the enlargement of the thyroid gland is exophthalmic goiter other ductless glands may be increased in size. The thymus gland is very often enlarged. Exophthalmic goiter and acromegaly are sometimes found to occur together. In acromegaly the pituitary gland is enlarged and the enlargement seems to be analogous to that of the thyroid in exophthalmic goiter, so that we have the remarkable fact that all these three ductless glands may be simultaneously enlarged.

Removal of part of the enlarged gland is a rational method of treatment, and when the risks of the operation are diminished it should be more frequently employed in severe cases in which medical treatment has failed to do good. Of medical treatment much has been written. In my own cases inunction of red iodide of mercury ointment over goiter,

and belladonna given in large doses internally so as to check the hypersecretion of the gland, have been of most service. If the palpitation is excessive, convallaria has proven more useful than any other member of the same group of drugs. Where there has been great nervousness the bromides have done good.

The cause of exophthalmic goiter, or Graves' disease, has been variously explained. A very plausible theory is one that assumes that the symptom-complex is due to the presence in the blood of an excess of thyroid secretion, and that benefit will result from the administration to the patient of the more or less toxic material which it is the natural function of the thyroid secretion to neutralize. Normally the thyroid secretion is believed to act as an antidote to certain unknown substances—presumably waste products of bodily metabolism—circulating in the blood. If the unknown substances, supposed to be waste products, cannot be properly dealt with by the thyroid secretion, owing to its scarcity—due to diminished function of the thyroid gland—the result is the intoxication of myxedema. On the other hand, if there are not enough of these unknown substances to combine with all of the thyroid secretion liberated in the blood stream, the result is intoxication with that secretion—"thyroidism," proceeding to exophthalmic goiter. This consideration, or assumption, has led to clinical experiments which indicate that very favorable results may be expected in Graves' disease from the administration of the blood of animals from which the thyroid gland has been removed.

Thyroidectin is a reddish-brown pow-

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Long after the microbes have been destroyed the enzymes or ferments they formed continue to act.—D. L. Field. *Lancet-Clinic*.

In scarlatina do not be afraid to give plenty of cold water.—Heinen. Good! Remember that water is a fine diuretic.

der prepared from the blood of thyroidectomized animals, and marketed in capsules containing 5 grains each, in bottles of 50 capsules. It is non-toxic, and appears to be well borne, being easily soluble and rapidly absorbed from the stomach. The dose is one to two capsules three times a day, the amount being varied according to the requirements of the individual case. In the hands of several careful observers this preparation has proved of much therapeutic value in the treatment of Graves' disease, or exophthalmic goiter. Almost invariably a marked improvement is observed in the subjective and objective symptoms characteristic of the disease.

The antithyroidin of Moebius, a serum obtained from the blood of thyroidectomized goats, has given very promising results in the hands of N. J. A. F. Boerma, gynecologist in Gronigen.

J. W. M. Indemans concludes that antithyroidin Moebius, if given carefully in slowly increased doses, will almost

always bring about improvement and often a cure. The exophthalmos and other eye symptoms, the tremor and the symptoms due to disturbance of the central nervous system, disappear most rapidly.

L. F. Barker, H. N. Moyer, Chas. L. Mix, concede that the only rational method of treating Graves' disease is by checking the thyroid secretion or neutralizing the toxic products thrown into the blood stream. The first is beyond control; the second by treatment with an antithyroid serum has given some remarkable results.

On the theory that the thyroid secretion normally neutralizes certain general metabolic poisons in the body, Moebius and others, conceived of treating cases of exophthalmic goiter in which there is presumably an excess of thyroid secretion in the body by introducing subcutaneously or by mouth the serum of thyroidectomized animals.

Cleveland, Ohio.

(To be continued)

## THE TREATMENT OF PNEUMONIA.\*

BY C. F. GILLIAM, M. D.

**D**URING my experience as a practitioner I have made a number of talks and read papers before different medical organizations, but always had the selection of my own topic. How did the program committee know that I knew anything about pneumonia? Why I don't even know where a pneumococcus is born; how he lives; what's his steady diet; where he goes to when he puts off

mortality; or even whether he puts on immortality when he shuffles off this mortal coil.

There is an old adage, that "you can lead a horse to water, but you can't make him drink," and such privileges are not reserved exclusively to the lower animals. So when I want to talk about pneumonia, I will talk about pneumonia and when I want to talk about something else, I will talk about something else. No pent-up Utica for me. If you don't

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Few have not had some experience of success who have followed the antiseptic treatment of typhoid fever.—Field.

For the sore throat of scarlatina apply the ice-bag externally and swab freely, internally with pot. chlorate or H<sub>2</sub>O<sub>2</sub>.—Heinen.



believe now, wait till I'm through.

To begin with, let it be understood that you must not expect anything scientific. I take it you are not desirous that I should give you a long description taken almost *verbatim* from some text-book, of the etiology, pathology, diagnosis, prognosis and treatment of pneumonia. You are all well acquainted with the main features of the disease, and it is hardly necessary for me to elaborate in regard to the stages of congestion, solidification and resolution. Neither do you want me to discuss the contagiousness or infectiousness of pneumonia or the distinctive characteristics of the diplococci of pneumonia, which are a constant factor in the disease if not the causative one.

Pneumonia is such a serious disease, so common, and attended by such a high rate of mortality that we cannot give it too much attention, and this attention should be along practical instead of theoretic lines, for the reason that it is one of the few diseases in which the mortality rate seems to have grown instead of diminishing, under the generally accepted methods of treatment in the past generation. Wells in an analysis of over 200,000 cases shows an average mortality of 18 1-10 per cent. Later investigations by the same writer into over 450,000 cases show an average mortality of 20 1-10 per cent, while the death rate for adults according to both Wells and Fraenkel is much greater, probably reaching 26 per cent. The only rift of light in this dark picture is that shown by Petresco and Fraenkel by the use of digitalis treatment among German soldiers, with a death rate of between 3 and 4 per cent.

As I intimated in the beginning I shall make no effort to analyze carefully either the nature or treatment of this disease, but rather shall deal in generalizations. Much of what I say may sound egotistic and dogmatic, but I care not for that if it will arouse opposition and discussion. It is by drawing out the views and experiences of others that such meetings as these prove of value. If we are all prepared to receive the dictum of one man without question, medical progress would cease immediately. Yet I have no patience with the nihilist or agnostic; rather, far rather, the extreme of dogmatism. For the investigator—the man of inquiring mind—I have the highest respect, but for the man who has no faith in the present or hope in the future, I feel both pity and contempt. I am firmly of the belief that the faith with which remedies are used has much to do with the results. If a physician has no faith in medicine—as I have heard many declare—then he ought to get out of the profession, for he is a cheat and a fraud, getting his money under false pretenses. Don't misunderstand me, a man may be too radically optimistic as well as too radically pessimistic. Everything needs to be leavened with a little common sense.

I do not hesitate to say, however, that if I were seriously ill I would much rather have to attend me, a good cheery common-sense, optimistic practitioner, than a scientific, therapeutic nihilist—like Osler.

Now I am going to make a statement, which I doubt not, most of you will take exception to. *I believe in the jugulation or abortion of diseases like pneumonia and typhoid fever, which nearly*

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The injection into animals of urine from a case of melancholia is followed by depression of spirits, restlessness, stupor.—Oliver.

Remember that an imperfect development of the rash in scarlatina is a bad sign.—Heinen. Hot baths, diuretics, aconitine.

all authorities claim are self-limited and can neither be shortened or retarded. I do not claim that this can always be done, but I do claim it can often be accomplished. You ask me the grounds for my belief and I can only answer that I have become convinced through personal experience and that which I have read of others, just as you have probably been convinced to the contrary.

No doubt all of you have had cases which you were convinced would develop into typical cases of pneumonia or typhoid fever and in three or four days in the former, or eight to twelve in the latter, they would be on the road to convalescence. When such result occurred you took it for granted you had been mistaken in your diagnosis, as such a result was in antagonism to the consensus of opinion of the profession. Unable to account for it in any other way, the opponents of the jugulation theory have been obliged to invent a new disease—autotoxemia. Poor "autotoxemia," he is over-worked. He has been "going some" the last few years and has the automobile beat a mile. Why, even our old friends, malaria and grippe have not been able to keep up the pace with him.

But, seriously, are not all diseases autotoxemias? There are great numbers of disease germs probably lodging in the system at all times, only awaiting a favorable opportunity for their greater development and rapid increase.

But why should belief in the jugulation of specific diseases be unreasonable? The generally accepted theory in reference to these diseases is that when the pathogenic germs get enough of a foothold in the system to disturb its equilibrium, that nature comes to the rescue

and gradually manufactures enough antitoxin in the blood to neutralize or overcome the microbes of disease. It is a very plausible theory and I believe a correct one, *but why should these battling armies be governed by different laws than that which obtains in all other contests in the arena of life?* Is it not often true that the skirmish line or advance guard of an invading army is driven back and repulsed by the army assailed, quickly rushing reinforcements to the front, and the attacking army draws off, before the mass of the forces on either side have engaged in a death-grapple?

Not every fight is a fight to a finish. There are ten skirmishes and small engagements to one general engagement or great battle. This does not prevent a subsequent battle, but leaves the forces pitted against each other still, and watching the opportunity to strike a deadly blow. This seems logical to me, but maybe my logic is at fault and I want you who disagree with me to point it out. If every battle must be a battle of complete extermination, as our anti-jugulation friends contend, will they tell us where else in the whole economy of nature outside the human body such a rule obtains?

If a man slips on the icy pavement and before he is clear down grabs a railing or post and regains his equilibrium, is it not fair to suppose he saved himself from falling? But "No," the objectors say, "that don't count. It must be a knockout and the man must be down for the count or else it is mere supposition as to whether he would have fallen or not." If we were to catch a man crawling through the back window of a house with a complete set of burglar's tools in

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Maniacal urine gives rise to excitement and convulsions when injected into animals; toxemia is cause, not effect.—Oliver.

In scarlatina bring out the rash with a hot pack and cold water to the head and neck.—Heinen. Good advice.

his possession, we would naturally congratulate ourselves on having aborted a burglary, but our anti-abortive opponents would say: "That is mere guesswork; at least he didn't get away with the goods."

Now don't get impatient—I am coming back to the subject of pneumonia. It is my belief that in the great majority of cases the mortality is due to the toxin generated in the blood and consequent inflammatory action rather than to the lack of oxygenation or aeration of the blood.

Persons sometimes live for weeks in a cataleptic or trance-like state in which the action of the heart and respiratory organs are barely perceptible and yet with no appearance of cyanosis. I have not been able to accept the theory which many profess to believe, that temperature is a matter of minor importance, that it is merely a reaction of the system brought about in the struggle of the conflicting bacteria in their efforts to destroy each other and in that sense is a benign process. So far as I am concerned, it is my policy to always fight increased temperature with every means at my command that will not depress the heart too much. I honestly believe that ten lives are lost through weakened hearts due to the ravages of a continued high fever to where there is one life lost by overwhelming the heart in the early stages. It is easier to put out a fire when it first starts than it is when the whole building is wrapped in flames. A good stream of water for a very short time will often suffice in the first instance, while in the latter it may merely add to the destruction by aiding in tearing down the already weakened supports.

Believing as I do, that the disease germs are ordinarily most virile and increase most rapidly in a high temperature, I do not hesitate to use to full effect in the early stages of disease quinia combined with the coal-tar derivatives, in conjunction with aconitine, baths and every other agency known to me to reduce the fever and keep it reduced.

I have been in the practice of medicine over twenty-five years and believe myself to have been an ordinarily careful observer. Many times I have been called to cases having all the preliminary symptoms of pneumonia or typhoid, as the case might be, and in three or four, or ten to twelve days, dependent on the nature of the case, the patient would be convalescing. If this had occurred but few times I would have thought myself mistaken in diagnosis, but their frequent recurrence when other physicians were dealing with well-developed cases of pneumonia or typhoid, convinced me there was something in the treatment. My experience has not been nearly so great as that of some of you, but must of necessity have been considerable for me to have made a living out of my profession for twenty-five years.

Why should we not be able to inhibit the growth of disease germs in pneumonia or typhoid, as well as in malaria or syphilis? Quinine may be a specific for malaria and probably for pneumonia in large enough doses—but there are thousands of cases cured by other agencies. "There are more ways to choke a dog than to choke him on butter."

If a tenth of a grain of apomorphine will make a man throw up his heels and cause his stomach to almost turn a double somersault; if a minute dose of castor

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The poisons are, minerals in food, physiologic secretions, digestion products, peptones and alkaloids, putrefaction toxins.—Field.

In scarlatina Nothnagel recommends a bath at 68° F., when the rectal temperature reaches 104° F.—Heinen.

oil or elaterium will cause such active peristalsis and such a flow of serum into the bowels as to be almost equivalent to turning a half-inch hose into the intestinal tract, and if a mere fraction of a grain of many powerful drugs will destroy the citadel of life itself, why may not a very minute quantity of medicine have such a peculiar chemical or mechanico-chemical action upon the human system as to completely antisepticize it either by poisoning the pathogenic germs directly or by creating or rather setting in motion myriads of phagocytes which will destroy the *materies morbi* in the blood? If such be not the case, and the germ theory of disease is the correct one, there can be little hope for the accomplishment of anything in medicine, unless it is purely in the domain of serotherapy.

I imagine that some of you are saying to yourselves: "If these jugulators have such success as they claim for themselves, they would soon monopolize the practice." There is where you are mistaken. While this will probably be true of the future, it is not so now. The successful practitioner—measured by the amount of his practice—is not always the one who works the greatest proportion of cures, but rather the man who has that peculiar tact which wins him friends and makes each an advertising agent for him. Do not understand me as reflecting on these gentlemen—far from it. It is a God-given attribute and I wish to God I had it.

Personally, I have made more friends and partisans and secured more reputation out of one long-drawn-out critical case of fever or pneumonia, which attracted the attention of the whole neigh-

borhood, and consequently advertised me, than I have from a dozen mild cases which I believe that I aborted and which because the patient did not get sick enough to alarm the family and friends, went unheralded and unknown. The mere announcement in the newspapers that I had been called in to see the governor would increase my practice more than curing twenty laboring men of pneumonia.

To return to the disease itself, I have grave doubts of its being a local disease at the start. I am inclined to think it systemic from the beginning, with its most marked local lesion in the lungs, just as it is in the bowels in typhoid. That the danger to life is due to the solidification of the lung with consequent embarrassment to respiration would seem to be negated by the feeling of comfort and well being and ease of respiration when the fever leaves, though the lung is still solidified.

It appears to me that the increased fibrin and other detritus in the blood—separated or created by the causative factor—are caught in the minute radicles of the air vesicles and are held as in the fine meshes of a sieve, and thus, in conjunction with the inflammatory deposit thrown out, owing to the damming of the blood current, produces largely mechanically, the solidification of the lung. It would seem then, that the logical treatment of pneumonia, would consist of two factors, one to lessen the volume and force of the blood current, the other to change its character by removing the morbid material. As the pathogenic microbes cause the blood to go chasing through the body at a greater speed and at a higher temperature, I naturally take

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Each 48 hours enough poison to kill a man traverses his blood and is eliminated through his kidneys; else he dies.

Don't forget that the intolerable itching and burning of the skin increases the temperature in scarlatina.—Heinen.

it for granted that the virility and propagation of these organisms are increased by these conditions, and endeavor to combat them by bringing about the opposite condition—i. e. to cool and lessen the current of the blood. The fact that in almost every case the feeling of comfort and clearness of intellect is *pari passu* with the slowing of the pulse and reduction of temperature seems to be sufficient justification for such action.

My treatment in no two cases is exactly alike, though always on the same general principles. I endeavor to treat both the patient and the disease and, of course, am governed by existing conditions.

Briefly stated I may say that I am a believer in the mottoes of the alkalometrists; "Clean up and clean out," and just "dose enough." I usually begin with calomel followed by a saline cathartic and the sulphocarbolates, continuing these to a greater or less extent throughout the disease. I again repeat that I aim to control the temperature by both internal and external antipyretics. I find that after I have once brought the fever down I can usually control it with aconitine with maybe an occasional dose of acetanilid, or some of the other coal-tar derivatives, always fortified by a heart tonic after the initial doses. On the first indication of weakness of the heart (and this does not mean simply a weaker impulse, for that is what I aim to bring about, but a certain something only learned by experience, which teaches you there is real organic instead of functional weakness), I use what is called the dosimetric granule, consisting of aconitine, digitalin and strychnine, and if the weakness persists, leave off the aconitine and increase the

strychnine. I am loath to discontinue the aconitine, however, as it appears to me to exert special influence over the whole respiratory tract. In some cases I get better results by substituting veratrine for the aconitine. These drugs I often use in three or four times the doses incorporated in a granule. In other words, dose enough.

Now while I use these medicines to control circulation and temperature, I do not think their whole virtue lies in that direction, but rather in the changes brought about in the blood by which the disease germs are destroyed.

I use opiates, morphine, codeine, heroin and Dover's powder; not to the extent of obtunding the sensibilities but sufficient to give relief from pain and irritable cough, while encouraging expectoration and deeper breathing by removing the fear which accompanies these acts, when not under the influence of opiates.

I am not much of a stickler for external applications, aside from a cotton jacket, though I often use sinapisms and poultices, and have never noted any bad results from their use, while it nearly always gratifies the family and neighbors, who all have to be treated on such occasions. In fact, in a number of cases it seems to me I have witnessed very marked beneficial results, especially in children, by the use of antiphlogistine. I say this although I know that it is something of a fad now to decry mud dressings.

I forgot to say, that if there is marked engorgement of the lungs, with especially labored respiration, I add to the digitalin and strychnine, atropine to dilate the capillaries and by this means lessen

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It is estimated that from 1-4 to 1-2 the bulk of the feces is made up entirely of bacteria; most of them dead.

Always bear in mind that the presence of icterus as well as the exanthem of scarlet fever may be overlooked by lamplight.

blood pressure while stimulating respiration. I seldom use nitroglycerin in pneumonia, because of the shock it produces by its rapid action and its evanescent effect.

Do not forget the eliminants and antiseptics. I believe investigation will show deficient elimination just prior to almost every case of sickness and our object should be to restore the skin, kidneys and bowels to normal working order and to keep them in that condition.

This is my general plan for conducting a case of infectious fever, and it makes little difference to me whether it be pneumonia, typhoid, scarlatina, measles or smallpox.

Now an after word. I can see you all draw a sigh of relief at that, but I would have you understand that I consider myself entitled to as many privileges as a minister. He has his "after word," his "in conclusion," "one more thought," "just another word," etc., why not I?

As you will have noted, I use only definite chemical preparations and active principles, because these drugs unlike the galenical preparations are standard and equal in their strength. Many physicians look upon the alkaloidal treatment as a mere fad, but one remove from homeopathy, and its followers as cranks and ignorant enthusiasts. Many, totally misapprehending them, think they are limited to infinitesimal dosage.

As I have repeatedly said they believe in "just dose enough" to produce the physiological effect and to continue it, whether that be one one-hundredth of a grain or one hundred grains.

They do believe, however, in starting with a small dose frequently repeated,

until the limit of effect or tolerance is reached, which they desire to bring about, and this action is continued by such sized doses at such intervals as they consider necessary, until they have satisfied themselves as to whether it is exerting a beneficial effect or not.

Many of those who have regarded alkaloidists with contempt do so because they do not fully understand this. You are all limited alkaloidists without appreciating it. How many of you would be willing to give up the alkaloids, quinine, morphine, atropine, strychnine, cocaine, etc., and go back to the crude drugs, cinchona, opium, belladonna, nuxvomica and coca leaves? Not many I feel assured. Then why should not the alkaloids of many other drugs with which you are not so well acquainted, be just as potent in comparison with the crude drugs as those I have mentioned?

Now, gentlemen, if I have wandered around "from pillar to post" I still hope I may have said something to interest you and give you grounds for thought and discussion. Even if I have not pleased you, I may be excused for trying to please myself. What is the use of belonging to the East Side General Practitioners' Medical Society, if one is not allowed a little more latitude than would be considered just the proper thing in our august scientific and highly specialized body—the Academy of Medicine.

Columbus, Ohio.

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A continuation of the discussion of this interesting and important subject of pneumonia will be found in the Miscellaneous Department. We hope that every reader will go through all these

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Whenever you come to a case of sore throat always bear in mind the possibility of scarlatina or diphtheria.—Heinen.

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A decided angina with strawberry tongue safely warrants the diagnosis of scarlet fever.—Heinen.

papers carefully (not forgetting that of Dr. Shaller which follows this) and "think on these things." The subject is the most important one in medicine today. The profession is succeeding in

other fields—why should it fail here? We veritably believe there is *no* reason why it should, if attention is given to the fundamental principle which Dr. Gilliam calls attention to.—ED.

## THE ABORTION OF ACUTE FEBRILE DISEASES.

BY JOHN M. SHALLER, M. D.

**A**LL acute inflammatory diseases should be actively treated in the beginning, with a reasonable hope that they may be aborted, or that their severity, at least, may be very greatly modified.

If treated in the antiquated belief that such diseases necessarily run a more or less regular course which cannot be changed, there often arises the necessity of actively treating debilitated, depressed or collapsed conditions at the end.

On the other hand, if such diseases are treated actively, with the knowledge that they *can* be aborted or modified, the patient is often saved from becoming debilitated, depressed or collapsed, and even saved from death, to say nothing of the saving of suffering and expense.

To have a comprehensive understanding of the rationale of the possibility of aborting or modifying acute, inflammatory diseases, it is necessary to realize the pathological conditions, the changes that are taking place, particularly in the blood vessels, at the beginning of these diseases.

Whether the disease is to be an inflammation of serous, mucous, cellular or fibrous structures, whether it points to, or is pneumonia, pleurisy, peritonitis or pharyngitis; in the onset there exists congestion.

The capillaries, in the part about to

become inflamed, are over-filling with blood to the point of partial or complete stasis. The rule is, if this congestion is not interfered with, that exudation and inflammation must and will result. If, however, this congestion is properly (strenuously) attacked, it can be dissipated. The circulation can be restored to the normal and the disease is thereby aborted.

It is very unfortunate that for years there has been instilled into our minds the namby-pamby, do-nothing theory that certain diseases will run their course in spite of all efforts to break them up—a theory based on lack of ability to cope with them, and this again resulting from inadequate knowledge and uncertain drugs. If our armamentarium is uncertain, how can we have certain knowledge regarding how to use it.

If we consider, but for a moment, that for the first twenty-four or even forty-eight hours congestion without inflammation exists, a condition which is transitory, and, therefore, from its very nature is changeable, ought we not to make the attempt to check it, or to change it so as to benefit the patient all we possibly can?

Congestion, if not interrupted or interfered with, progresses rapidly to inflammation. If proper efforts are made in the beginning of acute inflammatory

In scarlatina you should make it a practice to always examine the urine carefully. Albuminuria common.—Heinen.

The scales of scarlatina contain large numbers of *diplococcus scarlatinae*.—Heinen. Is the cause certainly a *diplococcus*?

diseases, the existing congestion is checked and the circulation becomes normal. Any means that will draw the increased blood-supply from the congested area to other parts of the body, particularly into the capacious capillaries of the skin, will relieve and check it. Hence the value of hot baths and profuse sweating in internal congestions.

Profuse secretion from the bowels, produced by active hydragogues, will abort peritonitis by draining the capillaries of the peritoneal and mucous coats of the bowels. Congestion of the liver is relieved by the same means. These methods have long been used, in a rough way, as "family remedies," to break up so-called "colds," which are nothing but expressions of real or pending inflammation somewhere; and these means *cure*, because they draw the increased amount of blood from the congested centers, helping Nature to reestablish normal equilibrium.

There is one thing certain: in order to abort acute inflammatory disease, active and adequate effort must be made to do so, and promptly. They will seldom abort themselves.

If a patient is seen in the congestive period, why allow him to pass into an inflammatory state? Why not at least try to check it? When an inflammatory disease is once established, there is little or no chance to check it. We can even then modify, but it usually must go on. By aborting pneumonia, prolonged sickness, suffering, crippled lungs, phthisis and death are prevented. Bring the case home to yourselves! If you should have a rigor in the midst of apparent health, away from malarial infection, with rapid pulse, embarrassed breathing

and high temperature all coming on within twelve hours—knowing well what it meant, would you not be very happy to feel that such symptoms could be dissipated and your condition returned to the normal within twenty-four hours, by taking amorphous aconitine during the congestive stage?

If you feel this way about yourself, you certainly ought to feel the same about your patients; and whether you believe in the possibility of the abortion of acute diseases or not, you should give them the benefit of the doubt and make the effort to reduce the high fever within twenty-four hours. If you can reduce fever and keep it down you will cure your patient, and if you make adequate effort you can do it.

Amorphous aconitine is a wonderful medicine with which to reduce acute fever. It will not do so as quickly as cold bathing or the coal-tar derivatives, but it will do so agreeably, safely and pleasantly, as a rule within twenty-four hours, provided congestion has not already become established inflammation; and even then if the pulse is of average strength, admitting of its necessary use, aconitine will cure more quickly than other remedy.

Pneumonia is the most dreaded and the most fatal of all acute inflammatory diseases, yet it can usually be aborted if proper treatment be begun within twenty-four to forty-eight hours after the initial symptoms set in.

Amorphous aconitine, gr. 1-134, given in solution every half-hour or every hour is the proper treatment; because in from twelve to twenty-four hours, it usually restores the pulse and temperature to the normal and keeps it

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A trace of albumin and even a few tubercasts in scarlatinal urine need not alarm; but it's a sign for careful watching.—Heinen.

Even mild cases of scarlatina without any eruption may be followed by severe nephritis. Be on guard.—Heinen.



there. A trial will prove this assertion.

It may not always be possible to accurately diagnose the disease during the first twenty-four hours. There are, however, many symptoms present which indicate its inflammatory nature, such as chill or chilliness, fever, thirst, muscular soreness, backache, scanty secretions and mental hebetude.

The symptoms may not be sufficiently localized to indicate what structure or organ will become inflamed, yet every physician knows that when such symptoms are present some acute febrile disease is pending. Congestion is forming, or is existing somewhere, which must pass to inflammation if not checked. Effort should always be made to check or abort this congestion. The result will be that if amorphous aconitine is used early, after a few hours of treatment the temperature is likely to become normal and to remain so—the disease has been “aborted.” There is no chance for the patient to pass into a debilitated or collapsed condition or to go on to death, even the worst of which might have happened if the condition had been treated expectantly and the congestion allowed to pass into inflammatory disease.

**Method of Administration.**—Amorphous aconitine is supplied in standard granules, containing gr. 1-134. One granule is an average minimum adult dose. If the fever is 105° F. or over, and the pulse strong and bounding, two granules may be given, dissolved in water, every half-hour until there is some improvement, then one granule every half-hour is sufficient; and as improvement further manifests itself, one granule every hour, and later every two hours, until the temperature is normal.

The pulse is usually reduced before the temperature falls, which is a good indication. If the pulse increases as the fever declines, the indications are not favorable. This applies to all cases, irrespective of whether aconitine or other remedies are used.

As about three-fourths of all acute diseases that come under the practitioner's care are among children, the importance of using a remedy that will quickly and harmlessly reduce fever, and abort disease in its incipency, is very apparent.

The dose for children is easily regulated. It was formulated after many years of active work, and is effective.

One granule of amorphous aconitine, gr. 1-134, for each year of the patient's age, together with an additional granule, is dissolved in twenty-four teaspoonfuls of water. One teaspoonful is given every fifteen to thirty minutes, or every hour, according to the severity of the symptoms. A temperature of 105° F. or over requires a teaspoonful or more every fifteen minutes. As conditions improve, lengthen the time interval to one-half hour, or to one hour, thus reducing the dose as the patient improves. There is no benefit to be derived from administering aconitine in large doses every three or four hours. It should be given in minimum doses, frequently repeated, until the desired effects are produced.

In order to be able to apply active medication to any acute disease within the first twenty-four hours, the public must be educated so as to understand that some diseases, especially pneumonia, may be checked, if taken in hand early, thus saving to our patrons, time, money, suffering and resultant chronic conditions, to say nothing of saving life.

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If children with scarlatina grow very restless and rub their ears, examine for otitis media.—Heinen.

Measles has no angina while scarlatina has; bear this in mind when the diagnosis is doubtful.—Heinen.

The public must be made to understand that a chill means pneumonia more frequently than it means anything else outside of malarial infection, and that they must have medical attention as soon thereafter as is possible. This gives the doctor a chance; and, with half a chance, he can render better service to his patient.

Every physician, therefore, should educate his families along these lines so that they may be able to recognize acute, febrile symptoms which lead to inflammations, and then, when recognized, to send for him at once.

The physician's duty is to use any and every means possible by which he may check existing congestions and prevent them from progressing into inflammations. It is a loss of time to wait until a clear, positive diagnosis can be made. The symptoms show that an inflammation is pending which it is your duty to check if possible.

The writer, with thousands of others, has found that amorphous aconitine is the best means at our command with which to accomplish this, and therefore unhesitatingly recommends its use, in small and frequently-repeated doses, until existing symptoms are modified or

until physiological effects are produced. All medicines should be similarly used.

The manner in which amorphous aconitine aborts and dissipates congestions, or the beginnings of acute inflammatory disease, is by its action on the vasomotors and the secretory systems.

In acute congestions the arterioles of the area affected are partially paralyzed, over-filling the capillaries with blood.

Aconitine slows the pulse, gives the heart more strength, similar to the action of digitalin with which it should many times be combined, the pulse becoming slower and fuller, the increased power of the pulse equalizing the disturbed blood-pressure.

Besides, as aconitine acts to stimulate the functioning of all the secretory glands, the increased secretion demanding more blood, further depletes the blood vessels, which under improved heart action assists in draining the congested areas.

Denver, Colorado.

—:o:—

This dual action of aconitine is most important. The remedy is true. The necessity exists; taken early and handled right, most acute inflammatory attacks *can be aborted*.—Ed.

## HOW TO CURE CHOLERA.\*

BY P. W. O'GORMAN, M. D., M. R. C. P., D. P. H., MAJOR, I. M. S.

**U**NDER this homely title, as in my article on Enteric Fever (*I. M. G.*, May, 1904), I wish to emphasize the difference between ordinary "treating" and curing,—the essential variance consisting in the application of

rational therapeutic principles against those dependent on empiricism. Now, cholera is a disease that has ever proved a most perplexing problem to medical men, and the alarm and horror its presence invariably excites, even in the best regulated minds, do not conduce to rational thinking. Mysterious in its origin,

\*Reprinted from the *Indian Medical Gazette*.

Try red-light treatment in all exanthemata; it shuts out chemical rays which aggravate the dermatitis.—Heinen.

Removal of unhygienic conditions has great influence over the course of typhoid fever, scarlatina, diphtheria and smallpox.—Heinen.

mysterious in its propagation, mysterious in the results of its treatment—now easily amenable to certain drugs, now astonishingly fatal under identical treatment: it is no wonder that confusion and despair seize on us, and we give up the hopeless struggle in disgust. There is probably no disease in the world that has so vainly exhausted the pharmacopeias, official and non-official, or which has given birth to so many vaunted nostrums. And yet we appear to be as far from a reliable remedy as ever; for no two physicians agree as to treatment, nor indeed does the same physician adhere to his own tested panacea in two consecutive series of cases.

And yet the reason is obvious. We do not utilize to the full the researches of modern science. Practical bacteriology to most of us is as if it never existed; while pharmacodynamics vainly struggles for a reasonable hearing; we are, in fact, still lost in the mists of medieval conservatism and prejudice. It is my earnest duty here to very respectfully invite the profession to the rational application of scientific principles to the removal of this long-standing reproach in the cure of this formidable malady. The terrible epidemic now prevailing in Madras, and the consecutive outbreaks in Lucknow, Lahore and other places, as well as the threatened invasion of Europe through Russia and Germany, may give weight to this representation.

I make no claim to discovery, originality or statistical proof: I am merely the humble follower of our own Indian Medical Service men and of the modern school of alkaloidal therapy. Guided by a pretty extensive experience

and a little study I merely adapt modern rational methods to practice. Many physicians have used some at least of the drugs I recommend, but have used them without sufficient knowledge, and when failure followed, have too hastily condemned them instead of themselves. I therefore do not confound the intellect by appealing to authority, but appeal to reason and established scientific facts; and beg only their conscientious and persevering application, without the abdication of professional commonsense.

Nevertheless, for years past, as opportunity offered, I have tested the efficacy of the method and been satisfied it is the only rational method of treatment. In a recent outbreak, I believe, the only two cases out of three thus treated, that recovered, owed their lives to it, and the third (an infant) only relapsed after partial recovery for want of nursing; all of some dozen others died. This, however, is not saying much; and as I said before I do not rely on these successes. "Tis not in mortals to command success, but. . . *deserve* it." I beg to strongly commend its trial to those whose opportunities are wider; and whether successful or otherwise, ask them to kindly publish their results.

II. *Stages.*—Cholera may be divided into three stages: the preliminary diarrheic, the algid or collapse stage, and the stage of recovery or reaction. It is of the very highest importance to note the stage when called to a case: the treatment is entirely different in each. Remember there is no sharp dividing line between them, one may run almost imperceptibly into the other: therefore carefully observe the symptoms. Note the

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Remember that a mouth-wash of a saturated solution of salicylic acid may do good in your case of scarlatina.—Heinen.

If the slightest coryza appears in scarlatina, wash out the nose with a solution of silver nitrate or peroxide.—Heinen.

face; the eyes (whose blood-shot condition may be the only outward indication of reaction. I discovered several concealed cases in Beluchistan by this means); the color and temperature of the extremities, especially the feet; the color and perhaps feel of the tongue (the cold feel to the finger, and cold breath are pathognomonic of collapse—remember to immediately disinfect hand); the axillary temperature (it is unnecessary and dangerous to insert thermometers in the mouth, and worse in the rectum—an easy carriage of infection in spite of precautions, which again are apt to be cursorily performed or even forgotten when several cases are to be attended to); the vomit and stools—the real source of the poison (whose watery, milky, chymic, creamy or pus-like, or “rice-watery” flocculent appearance are characteristic—in rare cases blood may pass); and of course cramps in abdomen and extremities (in one case during an outbreak, a letter complaining only of “rheumatic pains” and requesting loan of a battery, immediately led me to diagnose cholera, and this was confirmed when I at once visited the patient with the necessary drugs).

Do not overlook arsenical poisoning especially during a cholera scare; the symptoms are remarkably alike, except that there is a characteristic burning sensation in the stomach. I had one such fatal case immediately on return of a regiment from cholera camp, which I was fortunate enough to diagnose and confirm on post-mortem and subsequent chemical analysis, although I had only a few hours previously assumed charge. Above all, remember time is life; there is no time to spare; act quickly and con-

tinue perseveringly; and do not give up any case however apparently hopeless—the worst cases recover. On the other hand, an apparently mild case may suddenly collapse and die, especially if fear, presentiment, or abject apathy (non-desire to live) be predominant: therefore beware of treating these cases “casually.”

III. *The indications required to be combated.*—Cholera is a gastrointestinal disorder. Koch's choleraic bacilli, with probably other virulent colon species, having gained access therein, rapidly multiply and excrete toxins; and it is these poisons which being absorbed set up the characteristic symptoms. What symptoms? Those of an irritant poison, viz, purging and vomiting, accompanied by muscular spasms. And it is this rapid and exhaustive drain of fluid from the body which in turn sets up all the other symptoms which constitute cholera. The increased peristalsis excites free and irritant secretion of bile and intestinal secretions, which in turn, aided by the former, excites violent emesis and purgation; and these in their turn, reinforced by a continuation of the irritation, drain into the alimentary canal the serum from the chylipoietic blood vessels.

Now, be it noted that the other accompanying symptoms are not peculiar to cholera alone: the restlessness, thirst, cold sweats, lividity, frigid temperature, arrest of urine, etc. These are simply and directly due to the oral and rectal evacuations and the ensuing collapse. Other irritant poisons will cause exactly the same. Arsenic is the most familiar, but there are numbers of others, as the various ptomains from defective meat, fish, milk, cheese, fruit, etc., besides certain other mineral, metallic and vegetable

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An abnormally rapid pulse in a patient under middle life is suspicious; look out for tuberculosis.—Heinen.

Early tuberculosis is shown by rapid pulse, evening rise of temperature (often subnormal in morning), loss of weight, cough.

poisons, as oxalic acid, corrosive sublimate, colchicum. Cramps may be caused either by direct action of these or from certain ill-understood albumoses from muscular metabolism.

What, then, is the striking difference between the mineral, metallic and certain vegetable poisons on the one side, and the animal and certain other vegetable ones on the other? Merely that the latter is a living poison, multiplying and elaborating within the body, while the other is a lifeless and strictly limited one. The inference is obvious. We can theoretically, chemically neutralize and eliminate the one limited series by definite means; while the other treated on the same principles, i. e., did we know their chemical antidotes, in order to meet their perpetual re-inforcements, have to be continuously or never-endingly antagonized.

Hitherto, medical efforts have been shockingly wasted, "treating symptoms as they arise," as our text-books ordain, and consequently it is all chance whether we cure or not. What then, should be our real aim in cholera? Evidently to go to the root, the cause, the fountain and origin of the mischief. Attack and destroy the multiplying microbes: that is our first and most important duty. (2) Then neutralize their toxins, which we have now safely limited. (3) And then, to prevent absorption, expel them if possible, from the intestinal sewerage canal as soon as convenient, remembering the danger of a relapse to the collapse stage. In a word, our clear duty is antiseptic, neutralization (chemical and physiological), elimination and support of the system while this is being done and normal action restored. All these may have to

be done more or less simultaneously.

IV. *Treatment in the Diarrhetic Stage* (before any signs of collapse).—In the earliest or premonitory stage, or even when we feel assured the case is really cholera—and it is a wise precaution during the "cholera season," or when there is a "scare" on, or during an epidemic, to assume this—the first thing is to cautiously eliminate the poison. In the robust especially, or when indigestible or doubtful food (i. e., easily decomposable or fermentable, as over-ripe fruit, stale food, etc.), or in large quantity has been taken, give a mild saline aperient (not purgative). A teaspoonful or two of sulphate of magnesia (particularly the effervescing preparation) in hot water, is the best for reasons I give below. Now, a word of warning: in administering this laxative, use a wise discretion and do not rely on mere routine; and carefully watch the results. I repeat here, as I will have to repeat again, beware of collapse. Hence, if the bowels are acting freely, they are practically empty (of all except serous fluid), and the necessity for further washing out has ceased; and consequently it would be dangerous to resort to further action and so initiate collapse. I would, therefore, not commend this aperient to the general non-medical public.

As a routine practice in every case and during any stage of the disease, administer in one dose, according to urgency or severity of the case, calomel, grs. 3 to 6, and sodium bicarbonate, grs. 6 to 12 (I prefer the larger dose), placed on the tongue with very little water. If rejected, be sure to immediately repeat each time, until certain the dose desired is retained and, later, that

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Paste this in your hat: Any exertion in a tuberculous patient with a temperature over 100° F. is injurious.—Heinen.

In sudden collapse with cyanosis about the ear, lips and nails inquire if the patient has taken headache tablets.—Heinen.

its specific action results. Reasons—1. Calomel is one of the most valuable drugs we possess. (a) It excites flow of bile whose functions, besides increase of peristalsis and prevention of decomposition, are curative of intestinal lesions and very probably antidotal to toxins. (Koch proved this with rinderpest, and other experiments confirm this belief.) (b) It is an intestinal antiseptic and germicide of a persistent nature. Besides its direct action on absorption, it is eliminated by the intestinal glands and is brought into actual contact with putrid matter and microorganisms penetrated therein, and disinfects them. "It is a very peculiar fact," says Dr. Shaller, "that after a single dose of calomel, or after a very short period of mercurial treatment even in small doses, mercury can be found in the intestinal canal six months after the last dose has been taken"—(Therapeutic Guide to Alkaloidal-Dosimetric Medication, 2nd Ed., 1904, p. 268). (c) It is sedative to vomiting, especially in frequently-repeated fractional doses (gr. 1-10 to 1-20 every half or quarter hour). (d) It is also a useful diuretic. (e) As an antiphlogistic or inflammation reducer it was highly valued by our older practitioners. (f) Taken continuously in doses short of toxic, like other mercurial salts, it stimulates the faculties, physical and mental.—(Text-book of Alkaloidal Therapeutics, by Drs. Waugh, Abbott and Epstein, 1901).

2. Soda aids calomel markedly, prevents salivation, and supplies a vital element to the blood. Recommended, despite the alkalinity aiding choleraic bacillary life; probably it excites acid gastric secretion. Note.—Salivation under this treatment is rare, but if it oc-

curs can be controlled by small doses of atropine. 3. The magnesia is also (a) cholagogue, and "one of the most efficient, safe and certain of the salines;" and (b) both it and calomel are aperient and eliminant, acting mildly and rapidly (within 1-2 to 2 hours), washing out the rapidly-decomposing and poison-bearing matter concerned. (c) It is also diuretic. Important note.—So soon as the motions resume their bilious character, other things being equal, have every hope the patient is recovering. But don't relax your efforts.

At the same time administer intestinal antiseptics as rapidly as possible. 1. As in enteric fever, I recommend the sulphocarbolates of zinc, grs. 2, sodium grs. 2, and calcium grs. 3 in peppermint or cinnamon water, one or two such doses every one or two hours. (The combined tablets are chemically pure and very efficacious). They are sedative, astringent, microbicide, and probably antagonistic to toxins. They rapidly check fermentation and sterilize the stools; all offensive excreta being deodorized is the great test of their operation. They are harmless in large doses, even up to two drams daily; but not less than 30 to 60 grains must be given the first day, and less the following (increasing when the dieting is resumed, if necessary). 2. Copper arsenite has proved very successful in America, especially in infants. Dr. Arnold recommends it combined with corrosive sublimate and morphine sulphate, of each gr. 1-100 repeated every 15 or 30 minutes till desired effect. 3. Another combination, for mild cases, recommended by Drs. Shaller and Abbott, is zinc sulphocarbolate gr. 1; codeine sulphate gr. 1-4;

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It may be worth while to remember that sarsaparilla causes hemolysis due to the saponin it contains.—Heinen.

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If Brand bath reduces rectal temperature of a fever patient more than 2° F., case is not typhoid; good test in first week.—Heinen.

hyoscyamine (amorphous) gr. 1-250; and strychnine sulphate gr. 1-134; one every one or two hours till effect. 4. Of the more important recently introduced antiseptics I commend (a) acetozone, claimed to be "the most powerful antiseptic known," already proved useful in enteric and other bowel disorders; (b) alphazone, claimed to be a decided improvement on acetozone; soluble, stable, non-toxic, 75 times stronger than carbolic acid; a 1 to 2,500 solution kills all ordinary pathogenic bacteria in less than one minute—"an ideal germicide." (c) Medicial izar, non-poisonous, non-irritant,

does not coagulate albumin, germicidal power superior to phenol. In dr. 3 1-2 to oz. 8 water, oz. 1, every hour or two until effect. Watch effects (d) Medicinalcyl-lin, 32 times stronger than carbolic acid with the cholera bacillus (King's College Laboratory Report, 1904), and guaranteed 10 times less toxic to man. Unknown in India till I recently introduced it for trial into a dozen of our Panjab Hospitals; and I have great hopes of its success in all microbic diseases. In these phenol derivatives beware of depressant or narcotic effects: they are presumably all alcohols.

(To be continued)

## STOMACH TROUBLES FROM THE STANDPOINT OF THE GENERAL PRACTICIAN.

BY ALFRED S. BURDICK, M. D.

**T**HERE are few troubles to which human flesh is heir more common than those which affect the alimentary tract; yet there are few with which the general practitioner is, as a rule, so unfamiliar. This is a strange condition of things, for aside from the "revenue" to be derived from the treatment of ailments of this class it has become almost axiomatic that a large proportion of the diseases of other organs, and especially those to which we give for convenience the name of "diseases of metabolism," are directly or indirectly due to dietetic and consequently digestive faults. A thorough knowledge of digestive diseases may be the "key" to many a vexing problem.

The cut-and-dried "favorite prescription" of something "good for dyspepsia" is the rule, I fear, with most physicians: some know of "dyspepsia"

only; while many divide their cases into two classes—"gastritis" and "nervous dyspepsia"—but with no very clear conception of the therapeutic indications which even such a simple classification might point out. Usually the patients all get a mixture of nux, pepsin and some aromatic; though once in a while hydrochloric acid is prescribed, and not infrequently the ancient prescription of an alkali before meals.

I believe that this failure to grasp the essential principles in the treatment of stomach diseases is due to the apparent complexity of the symptoms described in text-books, and also to the fact that in practice these symptoms, even of widely varying conditions, on their surface present a confusing similarity. The physician depends for his diagnosis upon what the patient tells him, and in few conditions is this source of information less

In typhoid fever use plenty of water externally and internally.—Heinen. And don't forget the sulphocarbolates.

Don't fail to insist that your scarlet fever patients should remain in bed at least four weeks.—Heinen.

trustworthy. Every doctor should know how to elicit the objective signs of stomach disease—but he doesn't. The examination of the stomach is fully as easy as that of the chest; yet what doctor would make a diagnosis of pneumonia or pleurisy after mere interrogation of the patient? How few there are who take the trouble to expose the abdomen, and make necessary chemical tests, which are no more difficult than urinary examinations.

No man should think of treating diseases of the stomach without having some logical conception of the condition of things he is trying to remedy. The symptoms of chronic gastritis and neurotic hypochlorhydria may seem to be very much alike; yet the treatment which would be indicated for one would be anything but beneficial to the other. Diagnosis, therefore is essential, and correct diagnosis cannot be made without the tools. The laboratory equipment may seem formidable, but after all it is simple enough, provided one sticks to essentials and does not try to do too much. If the doctor understands how to palpate, percuss and auscultate the abdomen, and given familiarity with the use of the stomach tube and the mastery of two or three simple tests, he will do very well in the vast majority of his cases. Why the siphon tube should be such a *bête noir* to so many is hard to understand. It really is not much more difficult to use than it is to give an enema. Personally I would rather introduce the tube into the stomach than to attempt the high rectal irrigation.

Called to attend a case of stomach trouble the physician should first attempt to answer the following questions:

1. Might the symptoms be caused by any trouble exterior to the stomach, and if so what?

2. Is the stomach normal as to size and location?

3. Is there food stagnation—in other words, does the stomach empty itself with reasonable promptitude?

4. Are the secretions normal or abnormal?

5. Are there evidences of inflammatory change or other morbid conditions of the mucosa?

1. Of the exterior conditions causing symptoms of stomach disease the most common are those which interfere with the circulation. Such are heart disease with failing compensation, disease of the liver, especially cirrhosis, disease of the lungs, etc. These all cause passive congestion of the mucosa. Severe anemias interfere seriously with digestion; and on the other hand in many cases they are produced by digestive disease. Morning vomiting should suggest pregnancy. Sudden attacks of vomiting may mean locomotor ataxia. Nausea accompanied with severe blinding headaches should always suggest an examination of the urine—perhaps they are due to uremic poisoning. Occasionally vomiting may usher in the acute diseases such as the exanthemata, while it is often the evidence of a severe autotoxemia. Recurring attacks of severe pain in the stomach may be due to biliary colic. An examination of heart, lungs, liver, of the urine and a careful testing of the reflexes should be made in every suspicious case.

2. The stomach may be dilated (gastrectasis) or prolapsed (gastroptosis). Dilation of the stomach is caused either by obstruction at the pyloric end or by

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In the digestive canal the most favorable conditions for the elaboration of poisons are realized.—Field, *Lancet-Clinic*.

If a child gets chorea after scarlatina, do not fail to examine the heart to see if there is endocarditis.—Heinen.



weakening of the gastric muscle. The obstruction may be either organic or spasmodic; the former is caused by ulcer or other acute inflammatory condition at or near the valve or the presence or pressure of some growth; more rarely by constricting bands. Spasmodic obstruction is usually due to an irritable condition of the mucosa, usually as the result of highly acid states. Weakening and thinning of the gastric muscles may follow any severe debilitating condition, in all probability, but most frequently is a sequel of chronic gastric catarrh.

The simplest way to demonstrate dilation is by giving a seidlitz powder, the blue and white papers being administered separately. Gas is generated in the stomach which is ballooned out so that it is easily outlined by percussion and auscultation. Take care that the colon is not so filled with gas as to confuse you. Avoid distension of the stomach if you are suspicious of erosion from ulcer or cancer. To determine the mobility of the stomach give the patient a half a glass of water; then, by careful percussion outline the lower border and mark the point on the abdomen with a colored crayon; then give more water and notice how much the viscus descends, marking again, then still more as there may be need.

Gastroptosis is usually part of a general process—descent of all the abdominal viscera or at least a good share of them; this general abdominal prolapse is called splanchnoptosis. Have your patient stand up with the abdomen exposed to the pubis: a pronounced case of splanchnoptosis, when observed from the side, shows sagging and protusion of the lower abdomen and a depression in the epigastrium, or just beneath the xiphoid.

Glenard's belt sign is useful. From behind the patient grasp the abdomen gently with both hands and "raise up" on it; this gives relief in gastroptosis.

3. Food stagnation means defective motility, usually associated with deficient HCl; however, even when HCl is scanty, if the stomach empties itself promptly there may be no indigestion, since the intestine may take up the work in a compensatory way. As a result of stagnation food ferments and decomposes. If the stomach empties itself promptly there will be no stagnation and consequent symptoms, even though the secretion food ferments and decomposes. If of the stomach as above. The length of digestion is easily ascertained by withdrawing the contents of the stomach at varying periods after the test meal.

Stagnation and decomposition of food should never be allowed to go on, for the latter demoralizes the whole digestive tract and causes many distressing symptoms.

4. While the revelations of the laboratory are by no means infallible, they throw more light upon the condition and working capacity of the stomach than anything else. Of first importance is to learn the amount of HCl secreted. The normal percentage after a test meal is, in Americans, from 0.15 to 0.2 per cent. In Asiatics and other people living habitually on a vegetarian diet the percentage is normally lower. An increase in the secretion of HCl means an irritable condition of the stomach; a decrease of HCl a depressed condition, and this deficient secretion is present in practically all inflammations.

An increased percentage of HCl usu-

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Conditions favorable for putrefaction are so numerous that we wonder if digestion can ever be carried on normally.—Field.

Remember that valvular troubles in children are frequently caused by scarlatina and rheumatism.—Heinen.

ally means either hyperchlorhydria or ulcer. When the acid is diminished or absent the trouble may be gastritis, cancer, or any one of a variety of neuroses.

This brings us to the use of the stomach tube. This simple instrument is simply an "overgrown" soft rubber catheter, 30 inches in length. It may have a pump bulb or not, as preferred. The physician should have several tubes of different sizes. They are not expensive. Usually a moderately large one is introduced more easily than a small one. Scrupulous cleanliness is imperative. After use the tube should be carefully washed and a hot solution of soda and water allowed to run through it until it is clean inside as well as outside. It should then be placed in a wide-mouthed jar filled with glycerinized water made slightly antiseptic with carbolic acid. Rinse again before using. To introduce the tube direct the patient to lean slightly forward with the mouth open. The tube should be held in the left hand and introduced with the right, the end being held like a pen between the thumb and two first fingers. Introduce it gently till it touches the posterior pharynx, then tell the patient to swallow, meanwhile pushing it onward very gently. Use no force; it will go down easily enough. On the first introduction the patient will gag and endeavor to reject the tube, but this soon passes. Use tact; reassure him and do not be in a hurry. After the first introduction there is little trouble.

Many test meals are given in the books, but the Ewald-Boas meal meets all usual needs for the general practitioner. It consists simply of a slice or two of

dry bread, or a roll, taken with a glass of water or a cup of weak tea, without sugar, cream or butter. It must be taken on an empty stomach and the product of digestion remaining should be withdrawn with the tube in an hour. If digestion has been fairly good all that will remain is a few ounces of straw-colored liquid, mixed slightly with mucus; if digestion is feeble, broken down and partially-digested food fragments will be found with more or less mucus, epithelial debris and possible blood, while the microscope may show bacteria and fungi of various kinds.

There are many chemical tests in use, but the following three will answer the purposes in general practice: (1) the dimethylamidoazobenzol test for free HCl; (2) the phenolphthalein test for total acidity and (3) the ferric chloride test for lactic acid. Details concerning these will be found in any good work on Diagnosis.

5. Inflammatory changes of the mucosa, in other words "catarrh of the stomach," are suggested by decided and permanent reduction of HCl, as determined above. This suspicion may be verified by a macroscopic and microscopic examination of the gastric content. The presence of mucus in considerable quantity practically always means gastritis. It is only absent in gastritis when the disease has advanced to the point of destroying the mucous lining. Also, a microscopic examination may show more or less degenerated and broken-down epithelial cells and usually bacteria, yeast cells, sarcinæ, etc. Blood is not infrequent and usually means either ulcer or cancer.

Before entering into an extensive in-

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Infectious agents are not destroyed in the stomach; only neutralized or passed into state of latent vitality.—Field.

If child complains of angina with fever, ask about vomiting, feel pulse, examine skin of thorax and take cultures from tonsils.

vestigation of the signs of disease the physician has of course interrogated his patient concerning his symptoms. These often give valuable if not infallible information. The physician should elicit the following facts:

1. The family history, especially as regards stomach disease and "nervousness."

2. The duration of the trouble.

3. The coexistence of any intercurrent disease or troublesome symptoms not referred to the stomach.

4. Is there pain; if so, does it come immediately after meals or at some distance after eating. Is it relieved or increased by taking food and by alkalies?

5. Nausea and vomiting. At what time of the day do they occur, how soon after meals and what is the nature of the vomited matter?

6. Points of localized or general tenderness, to be verified by physical examination?

7. Is there constipation or diarrhea?

In many cases the diagnosis will be fairly clear after careful interrogation, and the patient may be placed upon a tentative treatment with reasonable hope of benefit. But in several cases of long-standing it pays to be thorough.

Having elicited all the facts possible in the methods described, how shall we utilize them? By "putting two and two together" we can now form a pretty accurate estimate of the condition, even if we are not quite sure of the name it should go by. Let us see what is meant by the various symptoms-complex:

*Hydrochloric acid excess.*—This is due in the vast majority of cases to one of two things: (1) Hyperchlorhydria, the most common of causes of indigestion,

or (2) gastric ulcer. (Rarely "acid gastritis" may cause it, but the dividing line between this and hyperchlorhydria is somewhat vague.) To differentiate: The pain in hyperchlorhydria comes at the height of digestion, one to three hours after eating, is relieved by taking food and by the use of alkalies. Gastric ulcer pain commences as soon as anything is taken into the stomach and only ceases when the stomach is empty. The patient often has blood in the vomit and occasionally in the stool. Localized tenderness in ulcer, absent in hyperchlorhydria.

*Hydrochloric acid reduced or absent.*—This is probably due to one of three things: (1) gastritis, (2) cancer, or (3) a neurosis of defective secretion (hypochlorhydria). To differentiate: Diffuse pain increased by taking food; no hemorrhage; vomiting quite common, morning vomiting in alcoholics; vomit contains mucus; no lactic acid; nutrition impaired but no rapid emaciation—these are observed in chronic gastritis. In cancer there is constant pain; lactic acid is present, HCl being usually entirely absent; generally a tumor may be felt; blood, grumous vomit and stool; rapidly-developing emaciation. Hypochlorhydria is more common in the young than the preceding; no hemorrhage; percentage of HCl is variable; vomiting not a prominent symptom; no mucus; general and local symptoms of neurotic type.

Chicago, Illinois.

(To be continued.)

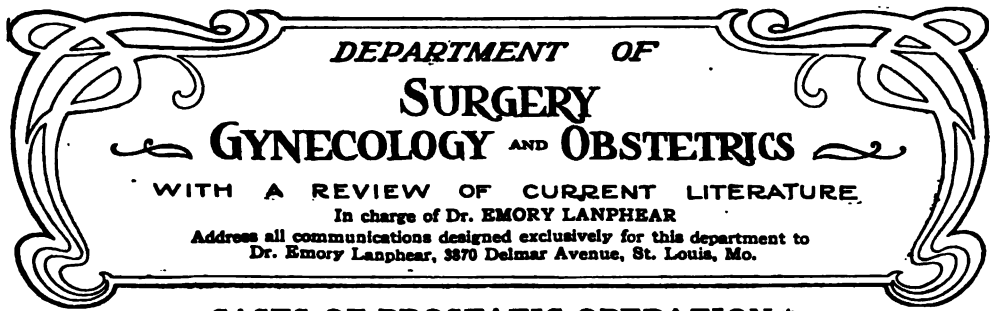
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Next month the discussion of the significance of gastric signs and symptoms will be continued, and some general principles concerning diet and treatment will be outlined.—ED.

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Bile is capable of fermentation if not of putrefaction; it can but feebly oppose these in the intestines.—Field.

Aortic insufficiency in young, if caused by rheumatism or scarlet fever, gives the best prognosis of valvular troubles.—Heinen.



## CASES OF PROSTATIC OPERATION.\*

WM. T. BELFIELD, M. D.

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**I**N these latter days a man who has gray hairs and urinary difficulties is in imminent danger of prostatectomy—which is sometimes needed, at other times not. For in many of these patients—in spite of their gray hairs—the prostate is not responsible for the urinary difficulties; they suffer from calculus, cancer or papilloma of the bladder, even from locomotor ataxia. I have recently seen a man whose bladder symptoms were entirely due to this spinal cord lesion, and yet who had narrowly escaped prostatectomy in an eastern city.

When the urinary troubles of elderly men are actually caused by prostatic disease, there will commonly be found one of these four diseases of the prostate: (1) Sclerosis; (2) pus infection; (3) hypertrophy (adenoma) or (4) carcinoma.

1. *Sclerosis of the prostate* is frequent without enlargement of this organ; indeed the prostate may be smaller than normal. The successful surgical treatment is not prostatectomy—because this fibrous prostate cannot be enucleated as experts like Freyer and Albarran admit; but it consists in channeling a canal through the fibrous vesical orifice by

means of the galvano-cautery introduced through a median perineal urethrotomy. This operation—galvanic-prostatotomy I performed in 1885 and published an account of it in the *Journal of the American Medical Association* the following year. Within a few years it has been advocated by Chetwood, who uses a special cauterizing instrument instead of the simple galvanic knife.

The patient now presented, 68 years old, began to exhibit the usual symptoms of prostatic obstruction eight years ago, culminating three years ago in complete retention, since which time he has been unable to urinate except through a catheter. His prostate is not enlarged—indeed is smaller and thinner than normal. Three weeks ago today I made galvano-prostatotomy on him; today he urinates without a catheter, the residual urine being less than one ounce.

2. *Hypertrophy (adenoma) of the prostate*—the real “senile enlargement”—is illustrated in this second patient, 75 years old—from whom I removed a large middle lobe and two lateral outgrowths through a median perineal urethrotomy. Two weeks after operation the patient holds his urine two to three hours, the residual urine being practically none.

\*Presented to the Chicago Medical Society, Dec. 20, 1905.

This operation is not practicable when the prostate, especially its median lobe, is very large. And it must not be confounded with "perineal prostatectomy," in which the posterior surface of the prostate is exposed and opened. This latter operation, so popular in recent years, is rapidly being abandoned because of its unfortunate sequelæ—permanent fistulæ, incontinence and cicatricial contraction of the vesical neck.

3. *Carcinoma of the prostate.* This is an unfortunately common disease in elderly men, usually mistaken for simple hypertrophy. About one out of every ten cases of "prostatic enlargement" in men over 50, is cancer. I have the misfortune to have eight cases of prostatic cancer under my observation at present.

Extirpation of the cancerous prostate is rarely advisable; surgical aid is usually limited to providing a suprapubic exit for the urine. This is generally done by suprapubic cystotomy. The patient here presented illustrates a much simpler and safer method, namely simple puncture of the bladder with a small trocar and canula; a small, soft catheter is then introduced through the canula which is then withdrawn, leaving the catheter to drain the bladder. After four days the catheter is removed, cleansed and reintroduced through the

fistula. Thereafter the catheter is removed and cleansed daily, and the bladder washed out by the patient himself. This patient was so operated eight days ago—the absence of calculi being determined by inspection of the bladder through the straight cystoscope introduced through the canula.

The last patient illustrates two of the common evil results of perineal prostatectomy—namely, a permanent perineal fistula and permanent incontinence of urine. This is one of many such cases, operated by excellent surgeons, that have come under my observation. This operation—the removal of the prostate through its posterior surface—should be generally abandoned, as it already has been by various experienced surgeons.

The operations advocated are: (1) galvanic prostatotomy for small fibrous prostates, "sclerosis;" (2) enucleation of adenomatous growths from the *mucous* surface either (a) through a median perineal urethrotomy or, when they are large, (b) through a suprapubic incision; this latter is best made in two stages, avoiding the danger of sepsis.

Nitrous oxide is the anesthetic that I prefer; if air be admitted with the gas, the narcosis may be prolonged indefinitely.

Chicago, Illinois.

## THE DIAGNOSIS AND TREATMENT OF CYSTITIS IN WOMEN.

BY ALFRED DE ROULET, B. S., M. D.

Formerly Professor of Gynecology in the Dallas Medical College.

**W**HILE the term cystitis may be applied to any inflammatory condition involving any or all of the coats of the bladder, in this paper, unless otherwise specified, the term shall be used only as indicating an inflammation

strictly limited to the vesical mucosa. Cystitis is popularly supposed to occur much more frequently in the male than in the female, but in its subacute and chronic forms is an exceedingly common disease in women.

Acute rheumatism, uricemia and nervous irritability attending dyspepsia are due to autotoxemia.—Armstrong.

If a patient, after an attack of scarlatina, shows symptoms of meningitis, examine the ear carefully.—Heinen.

*Causes.*—Among the common causes of cystitis the more important are injuries received in parturition, careless or unskilful instrumentation, and overdistention due to prolonged retention of the urine.

Cystitis may result from long-continued pressure of the head in parturition, and frequently follows the early application of the forceps in labor when the cervix is not well dilated. As a result of the paresis incident to prolonged pressure, there is often retention of urine for the first two or three days after confinement, with cystitis a not infrequent consequence. During labor distended bladders have been mistaken for the bag of waters and punctured.

The careless use of instruments is responsible for many bladder infections. It has been asserted that few bacteria are able to gain a foothold in the vesical mucosa so long as the protecting epithelium is intact, but the introduction of a septic catheter or cystoscope not only furnishes the infectious material but is also likely to break down at one or more points, the epithelial barriers. In the days when it was considered good practice to introduce the female catheter "by touch" bladder infections from this cause were proportionately more frequent than at the present time.

Retention of the urine may be due to paresis resulting from pressure or the effects of an anesthetic; to urethral obstruction; or it may be voluntary, as in the case of women with urethral affections who suffer acute pain on urination, or of those who from motives of false delicacy neglect the calls of nature. A number of extreme cases of this kind are on record.

Among other causes of cystitis may be mentioned the extension of inflammation from neighboring organs or structures, as the urethra, vagina, uterus, ovaries, Fallopian tubes, peritoneum, or kidneys. In other cases, the trouble may be due to constitutional conditions, as typhoid fever, myelitis, etc. The administration of certain drugs or the overindulgence in improper articles of diet may result in vesical catarrh. A number of cases have been reported where cystitis has followed the administration of cantharides, while Jacobi reports several cases which he attributes to the use of chlorate of potash.

Occasionally a catarrhal inflammation is due to the presence of a foreign body in the bladder, such as a calculus or some substance introduced through the urethra.

Many observers deny the possibility of a gonorrheal cystitis but it is undoubtedly a fact that a gonorrheal infection of the female urethra often extends upward to the vesical triangle where it sets up a more or less circumscribed area of inflammation.

*Symptoms.*—The most common and characteristic symptom of cystitis is frequent and more or less painful urination. The frequency of urination varies from every hour or two in mild cases to every few moments in the more severe cases. The amount of urine passed each time varies from an ounce or more to a few drops. In cases of acute inflammation the bladder is exceedingly intolerant of distention, and the accumulation of even a small quantity of urine is impossible.

Pain is more or less constantly present over the entire vesical region, but is most marked immediately above and behind

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Individuals differ greatly as to their susceptibility to autotoxemic poisons; functional digestive disorders favor them.—Mueller.

Exanthemata similar to those of measles and scarlet fever may be caused by belladonna, quinine and KI. No fever.—Heinen.

the pubes. If the patient is able to be about she walks slowly and with the body bent forward to relax the abdominal muscles. If in bed she lies with the legs drawn up for the same reason. The desire to urinate is almost constant and the act is accompanied by sharp lancinating pains. As the bladder contracts during urination the pain becomes agonizing, often extending into the external genitals and rectum and radiating over the lower abdomen and down the thighs. After urination the pain subsides somewhat but increases again as the bladder refills. In aggravated cases strangury is a marked symptom, the pain unceasing, the patient incessantly making violent straining efforts to urinate and able to expel only a few drops of bloody urine. In chronic cases there is not much pain and the frequent urination is due, in a great measure, to contraction of the bladder.

*Diagnosis.*—As a rule there is little difficulty in the diagnosis of a well-marked case of cystitis, but it should not be forgotten that every woman who complains of frequent urination is not necessarily suffering from cystitis. Frequent micturition may be due to diabetes, to pressure from abdominal or pelvic tumors; to uterine displacements, particularly prolapse; adhesions from pelvic inflammations; urethral affections; injuries of the pelvic floor resulting in dragging upon the bladder tissues; and to various neurotic conditions. Pregnancy is often accompanied by a very annoying frequency of urination. In cases of uterine prolapse there may be frequent micturition when the patient is standing or moving about but not when she is lying down. In cystitis the patient's

position has little or no effect. It is essential therefore in patients presenting symptoms of cystitis to exclude these various conditions before making a positive diagnosis.

The examination of the urine should not be neglected and for this purpose it should be drawn with a catheter to avoid admixture with urethral, vulvar or vaginal secretions. In acute cases when the trouble is neither due to nor complicated by retention, the urine is usually acid in reaction, of rather low specific gravity (1005 to 1015), the odor unchanged or slightly more pungent than normal. The presence of blood in small quantities will give a smoky tinge, while pus causes a flocculent cloudiness. In acute cases when retention exists or when the infection is due to or complicated by the presence of the urobacillus, the reaction is strongly alkaline, the odor ammoniacal, the color pale and cloudy and on standing a whitish sediment is deposited. On chemical examination albumin is found in variable amounts. On microscopic examination the sediment is found to contain blood and pus corpuscles, triple phosphate crystals, large squamous epithelial cells and considerable granular debris entangled in mucous fibrillae.

In chronic cystitis the urine is almost invariably alkaline in reaction, the specific gravity ranges from 1005 to 1018, the color is a dirty yellowish white, more or less opaque, except when blood is present in any quantity when the color is reddish or brownish. The odor is very offensive. It is not only strongly ammoniacal, but is combined with the odor peculiar to decomposing urine. A heavy ropy viscid sediment is rapidly thrown

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Vertigo, vomiting and grave nervous symptoms attributed to syphilis; cured by overcoming persistent constipation.—Ewald.

In shock give 1-60 to 1-50 grain atropine hypodermically.—Heinen. Good, but for quick, decided action, glonoin, and strychnine.

down. This sediment on microscopic examination (Fig. 1.) shows large numbers of pus and blood corpuscles, numerous large squamous epithelial cells. Triple



Fig. 1. Microscopic Appearance of Urinary Sediment from a case of Chronic Cystitis. (a) Triple phosphate crystals; (b) bladder epithelium; (c) ammonium urate; (d) pus corpuscles.

and amorphous phosphates and ammonium urates are usually present in generous quantities, while calcium phosphate crystals are occasionally found. In the cases in which I have found the calcium phosphate crystals, the cystitis has been of a peculiarly obstinate character, but I am not prepared as yet to express an opinion as to whether or not this association of conditions was anything more than a coincidence.

In acute cases of cystitis the diagnosis must be based on the history of the case and the examination of the urine, as in this stage a cystoscopic examination is not permissible. In chronic cases the diagnosis is made from the case history, the urinary examination, bimanual palpation and direct inspection of the bladder itself.

On bimanual palpation (Fig. 2.) the bladder is found to be sensitive to pressure, and in long standing cases, the

bladder walls are often greatly thickened.

The direct cystoscopic examination gives the most positive information obtainable as to the actual conditions in the bladder. The examination is best made with the patient in the exaggerated lithotomy position, the inspection beginning with the posterior vesical pole and continuing in an orderly manner until the entire mucous surface has been viewed. In many cases of chronic cystitis the inflammation will be found limited to one or more small sharply circumscribed areas in the vicinity of the vesical triangle.

**Treatment.**—The treatment of cystitis varies with the cause of the trouble and the stage of the disease. For example local applications in the acute stages are worse than useless, yet in the chronic conditions they are of the greatest value

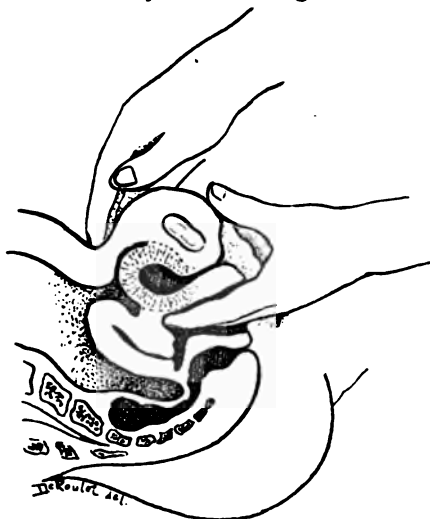


Fig. 2. Bimanual Palpation of the Thickened Bladder in Chronic Cystitis.

Again, a cystitis due to the presence of a foreign body in the bladder disappears with but little subsequent treatment when the foreign body is removed, although

Remember, that neuralgia has painful spots and myalgia not.—Heinen. Good thing to keep in mind.

In myalgic pains firm pressure gives temporary relief.—Heinen. Remember that case of lumbago?



previously all treatment was unavailing.

Generally speaking, the resisting power of the patient should be increased by hygienic measures, as cleanliness, unlimited quantities of fresh air, with as much sunshine as possible, good food, pure water and proper medication. Water should be given internally in large quantities, not only to dilute the urine but also to help flush out the bladder. The administration of urinary antiseptics is advisable and for this purpose phenol salicylate may be given in five-grain doses three times a day or urotropin in doses of from five to seven grains three times a day. For allaying vesical irritation, the fluid extracts of corn silk and triticum are fairly efficient.

In acute cases the patient should be kept in bed in a moderately warm room.

The diet should be restricted to liquids and semisolids, the bowels should be kept open with an occasional small dose of calomel or saline laxative. Stimulants and highly seasoned food should be strictly prohibited.

Intravesical applications of all kinds are positively contraindicated in the acute stages of cystitis, but copious hot vaginal douches repeated at frequent intervals are of great value in reducing the congestion and relieving the pain. Each douche should last from twenty to thirty minutes and should be repeated every three or four hours. Hot sitz baths and hot applications to the lower abdomen are valuable adjuvants.

Should the pain become unbearable, it is occasionally necessary to give opiates. The opiate may be given in the form of morphine suppositories, or from twenty to thirty drops of laudanum may be given, in two or three ounces of warm

starch water, as an enema. Should this prove insufficient to render the patient at least comparatively comfortable, it is permissible to give a quarter of a grain of morphine hypodermically. The hypodermic should not be repeated, however, but if it should prove necessary to continue the opiates they may be administered internally in the form of Dover's powder or powdered opium.

As the inflammation subsides, convalescence may be hastened by gently irrigating the bladder each day with a warm saturated solution of boric acid or warm normal saline solution.

In chronic catarrh of the bladder active treatment is essential, but the effects of the local treatment may be considerably enhanced by the internal administration of such remedies as will render the urine inimicable to the growth of bacteria. For this purpose, phenol salicylate and urotropin are probably the most valuable drugs at our command.

In chronic cases the diet should be moderately restricted, that is only moderate quantities of food should be taken and condiments and stimulants should be omitted.

Irrigation of the bladder is necessary to clear out the accumulations of urinary debris which are not removed by micturition; in this manner enormous quantities of bacteria and toxic materials are eliminated. For simply cleansing the bladder a warm solution of common salt, a teaspoonful to the pint, or a warm saturated solution of boric acid is all that is necessary. In some cases however it is advisable to use a bichloride solution; this, however, should be employed with the greatest care and circumspection and should never be used as a routine meas-

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Myalgia is aggravated by motion; neuralgia, pleurisy and angina are not.—Heinen. More discrimination needed here.

In myalgia look after good elimination by skin, bowels and kidneys.—Heinen. Also colchicine, and lithium and calcium carb.

ure. In irrigating the bladder, the patient should be placed in the dorsal position with her hips at the edge of the table. The external genitals should be carefully cleansed with a 1-2 per cent solution of lysol, especial attention being paid to the urethral orifice and its immediate vicinity. The only apparatus necessary is a soft rubber catheter connected with a glass funnel by a piece of rubber tubing two feet long. The flow may be controlled by raising or lowering the funnel. (Fig. 3.) The catheter is in-

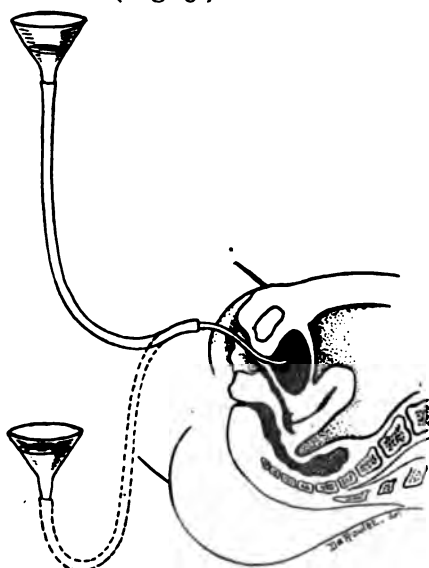


Fig. 3. Method and Apparatus Employed in Irrigating the Bladder.

roduced into the bladder, the funnel held below the level of the table to allow the escape of urine, after which the funnel is filled and elevated sufficiently to allow the solution to flow into the bladder. By introducing a sufficiently large quantity of fluid to distend the bladder the entire mucous surface is brought in contact with the solution and cleansed. The patient's sensations should serve as a guide to the quantity introduced. At first the

bladder will retain very little but with repeated irrigations, it becomes very tolerant to distention. After the solution has remained in the bladder a few moments, the funnel is lowered and the solution allowed to escape. At first it will return turbid from admixture with urinary debris, but the process should be repeated until it comes away perfectly clear.

In many cases the treatment may stop at this point, in other cases however, further medication is necessary. For example, in very obstinate cases, after the bladder has been thoroughly cleansed, it may be distended for a moment with a weak solution of silver nitrate. It is best to use at first a 1-1000 solution and gradually increase the strength to 1-500. After the injection of the silver solution the bladder should be flushed out with a normal saline solution. In other cases the employment of a saturated solution of picric acid is very beneficial, allowing it to remain in the bladder from three to five minutes before it is withdrawn.

In cases where fetid decomposition of the urine is a marked symptom, the instillation of a dram of a 10 per cent suspension of iodoform in glycerin, diluted with an ounce of warm water may be employed every other day, the fluid being retained in the bladder for several hours if possible. The action of the iodoform is so uniformly beneficial in the way of reducing the pain and frequency of urination, as well as increasing the patient's comfort, that a failure to respond promptly to this treatment would suggest the existence of some complications, as pyonephrosis, vesical calculus or urethral obstruction.

In old chronic cases when the inflamed

In opium poisoning inject strong, hot coffee into the bowel if the patient is unable to swallow.—Heinen.

Contracted pupils are always contraindications for opiates, whether the patient has had any or not.—Heinen.

areas are neither numerous nor extensive, direct topical applications form the most efficient method of treatment. The patches are exposed with the cystoscope in the same manner as in making a cystoscopic examination, and the solution applied by means of a small pledget of cotton twisted on a fine wire applicator. Care should be taken to allow the solution to come in contact only with the diseased areas. This is readily accomplished by using small applicators and keeping the parts carefully under view. In making topical applications it is well to begin with weak solutions and gradually increase the strength as conditions warrant. Of the various drugs employed for this purpose I have found silver ni-

trate solutions (2 per cent and 5 per cent), the most generally useful as well as the most satisfactory.

In the treatment of some very obstinate cases, cystotomy is usually advised to secure continuous drainage of the urine and to give the bladder complete rest by relieving it of all physiological function. In the majority of cases of this nature it is possible to secure both the rest and the drainage by the employment of a self-retaining soft-rubber catheter. It is necessary to watch the catheter closely and remove it for cleansing at least once each day, and oftener if it becomes occluded. Remember the danger of infection.

Chicago, Illinois.

### SOME ADVANCES IN THE OFFICE TREATMENT OF RECTAL DISEASES.

BY R. D. MASON, M. D.

Professor of Rectal and Pelvic Surgery in the John A. Creighton Medical College; Surgeon to St. Joseph's Hospital.

**A**BOUT three years ago I issued the first edition of my book on "The Office Treatment of Rectal Diseases." At that time not much was said on this subject. Now one can scarcely take up a medical journal without seeing some method advocated which will enable the physician to quickly and easily cure his patients in the office, and this with no pain or discomfort, and no detention from their usual occupations. Some of the methods advocated are good, but others are simply foolish and show that the writer has written from theory rather than from practical experience. It is a very easy matter to sit in one's office and evolve some method of curing a diseased condition, but it is

an entirely different matter to put this theory into practice and bring about the result hoped for. It is only long-continued use of any remedy or surgical procedure that will enable one to speak upon it intelligently, and as one having authority. Feeling that I have had this experience I wish to go over a few points briefly and speak of some of those things known by me to be good as well as others that have proven failures.

Eight years ago I read a paper before the Medical Society of the Missouri Valley at its meeting at Council Bluffs on "The Injection Method of Treating Internal Hemorrhoids," in which I strongly advocated this method in properly selected cases. While many new

It is worth while to remember that an ice-bag to the lobe of the ear may arrest hic-cough.—Heinen.

In your obsteric cases remember that strong, hot coffee may be valuable when there is uterine inertia.—Heinen.

methods have been described since then both by myself and others, time has more clearly proven that this method was, and is today, the best that has so far been brought forward *if used properly, and in proper cases*. It will not only cure the patient promptly, and permanently, but it will do so with but little pain or inconvenience. An experience of several hundred cases has proven this to me beyond a doubt. Only a limited number are suitable cases for this method of treatment, and it is often used when it is not the best method, and bad results follow.

Briefly, the cases in which I use the injection method are those of old, non-irritated, venous, internal hemorrhoids which prolapse easily through a loose sphincter-muscle and which do not bleed or cause any pain but are more an inconvenience than otherwise, simply because of their constantly being outside the body. Should the parts be inflamed or irritated and the sphincter-muscle tight and inclined to spasmodically contract, the injection of carbolic acid into the tumor will cause great pain and may lay the patient up for several days.

I have tried about all the different formulas recommended and have concluded that a strong astringent with carbolic acid is the best. These may be combined as follows:

Tannic acid .....	gr. 20
Carbolic acid .....	dr. 2
Glycerin .....	dr. 2
Water .....	dr. 4

This makes a 25 per cent solution of carbolic acid which is really the active ingredient; the tannin by its powerful astringent action prevents the acid from going into any tissue except where it

is actually forced, thus preventing it from going where it is not needed. Its action is so pronounced that when the needle is withdrawn the puncture made by it remains open like a nail-hole in a piece of wood.

Local anesthesia has now been perfected so that many of these operations may be done with but little immediate pain, but the after-effects are just as severe as though a general anesthetic had been given. It is not reasonable to expect to do any operation about these parts in which the tissues have to be cut or cauterized without some suffering for a few days afterwards. I always explain to my patients that there will be some pain following the operation but that it will last only a few days, and will be easily controlled.

There is no more harm in giving a patient morphine after an operation done under local anesthesia than when chloroform has been used. I have known patients who have been kept under large doses of morphine for a week after ligature-operations done under chloroform.

Much has been written recently about using sterile water to produce local anesthesia. I advocated this in the first edition of my book more than three years ago, but it has since been taken up and heralded as a new and wonderful discovery. In rather dense tissue where the water can be forced in so that it will distend the parts and will remain a sufficient length of time to drive out the blood and make considerable pressure on the nerve filaments it works all right but in the loose, connective tissue about the rectum it is not entirely satisfactory. Another thing against it is that it requires so much water that the parts are

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In uterine hemorrhage give glonoin, 1-1000 grain every four hours in addition to other treatment.—Heinen. Hydrastinine for oozing.

In coryza and bronchitis, symptoms worse in evening, fever out of proportion to bronchial involvement, suspect pertussis.—Heinen.

swollen and so greatly distorted as to be hard to manage. A weak solution of eucain to which has been added a few minims of a one to one-thousand solution of adrenalin is perfectly safe and a few drops will accomplish more than half an ounce of sterile water. A two per cent solution is as strong as ever need be used when it is injected into the tissues; and one-half, or even one-quarter of this amount works satisfactorily in most cases. If applied externally it should be much stronger, even as strong as ten per cent being perfectly safe, as only a small part of the amount applied is absorbed.

Many attempts have been made to dilate the sphincter muscle under local anesthesia, but with only partial success. Introducing a pledget of gauze soaked in a ten percent solution of eucain and allowing it to remain for a few minutes will render the mucous membrane nearly devoid of sensation, but the deeper tissues will not be affected. By puncturing the tissues in two places with a hypodermic needle and injecting a few drops, almost complete anesthesia may sometimes be brought about. This is done as follows: The needle is introduced on one side of the anus about one-half inch from the muco-cutaneous junction, and pushed in about one inch; ten or fifteen drops of a one per cent solution of eucain are now forced into the tissues as the needle is slowly withdrawn, nearly but not quite out; it is now forced upward at an acute angle to the first puncture, and the same amount deposited; the needle is again partly withdrawn and forced downward at an acute angle and the same amount deposited, after which it is completely withdrawn, only one

puncture having been made through the skin. The same procedure is carried out on the opposite side. The nerve supply enters the sphincter muscles from the side with but few fibers in front or behind and the above procedure very nearly strikes the main branches as they enter the muscle from either side. This requires from one, to one and a half drams of the solution which is a little more than one-half grain. This amount is perfectly safe so far as life is concerned, but, should any toxic symptoms appear, a hypodermic of glonoin may be given and the patient allowed to lie still for a short time.

After the muscle has been divulsed as fully as possible, any hemorrhoids that may be present can be drawn down and ligated, or removed by the author's continuous suture clamp method. Should the tumors still be sensitive there is no objection to filling them full of a weak eucain solution, for they are almost immediately ligated and but little if any of the solution gets into the circulation. This should be thought of, however, and guarded against, as the patient might easily get an over-dose in this way. Sterile water may be used here.

The treatment of certain rectal diseases with the actual cautery is being done more and more and the technic has been perfected so that it is applicable to several diseased conditions. The actual cautery has been used from the earliest history of surgery for the removal of hemorrhoids under general anesthesia, but it has only been within the last few years that it has been made use of where local anesthetics have been used. I have employed it for a long time in treating capillary hemorrhoids; also for destroy-

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In cases of whooping-cough examine the mouth for stomatitis and the lungs for broncopneumonia.—Heinen.

If epilepsy starts in adult life, question the patient closely as to the possibility of syphilis.—Heinen.

ing small ulcers, especially if they bear evidence of being of specific origin; also in certain cases of prolapse. It may now be used to destroy quite large internal hemorrhoids by first using eucain solution and then plunging the red-hot point boldly into the tumor in one or two places. This may be done with no pain, and not much subsequent suffering. For hemorrhoids that bleed, especially those that do not protrude, this treatment is especially to be commended. The main objection to it is that it is slow, and where patients come from a distance and are unable to remain long it is not suitable.

The technic is simple and yet rather difficult to one who is not in the habit of doing this kind of work. The tumor is exposed through a slide-speculum and injected with a weak eucain solution until distended; after a minute or two the cautery is heated to a dull red and forced into the center of the tumor. If very large it may be burned in two places. This causes some soreness, lasting for a day or two, after which the tumor gradually dries up and disappears. After ten days or two weeks another one may be treated in the same way or a second treatment may be given the first one if any of it remains.

Tumors that protrude through the sphincter easily may be treated in some other way with greater satisfaction to both the doctor and the patient. Of course, I realize the fact, that the surest, quickest, and easiest way to treat these patients is to take them to the hospital and do a radical operation under chloroform, or ether, but there are a certain number who, for some reason, are unable to take a general anesthetic and must either be

cured in this way or remain as they are; also many persons who have families dependent upon them for support who cannot well spare the time to go to the hospital for an operation, but are willing to stand some suffering if it will enable them to continue their work. I have succeeded in curing some very severe cases without the patients having lost an hour's time and they were as permanently cured as though a radical operation had been done.

I admit that it makes more work for the doctor and that many do not care to take several weeks to cure a case when it might be done in twenty minutes, with a week or two of care by the nurse. I feel this way about it myself and many times when very busy have felt like refusing to try to cure certain patients unless I could do it in my own way, by operation, but when I have tried to put myself in the patient's place, and look at the matter from his standpoint, I have relented and done the work in the office or at the patient's home, provided I was sure that the result would be satisfactory, and in this way have saved them considerable expense as well as some loss of time, as well as the danger of an anesthetic and dread of an operation.

Omaha, Nebraska.

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There are few, if any, men in the country more competent to speak with authority concerning the injection treatment of hemorrhoids than Dr. Mason, whose brilliant work on "The Office Treatment of Rectal Diseases" we have often had occasion to refer to in these columns. That this operation has a wide range of usefulness there can be no

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The tabetic patient, it should be remembered, has a tabetic foot with loss of the arch.—Heinen.

Serous summer diarrheas in children are often checked by cold baths (75° F.) every three to six hours.—Heinen.

doubt. It will pay you, Doctor, to familiarize yourself with it so you may be

prepared when the occasion arises, as it will to do this work.—Ed.

## ENDOMETRITIS.

BY CURRAN POPE, M. D.

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### II.

**I**N the pathology of this disease we have to deal with an acute inflammation, the first stage of which is an intense and acute engorgement of the uterine mucous membrane which becomes red, swollen, edematous, softened, bleeding easily. As this stage passes away the mucous membrane becomes covered with mucus or muco-pus originating from excessive glandular action. Microscopic examination of the discharge will reveal a field full of pus-cells and sometimes a cast of the uterine follicles. "The whole substance of the uterus generally appears to be increased and its tissues more vascular and succulent, especially in the layer nearest the mucous membrane," says Klob.

The existence of an acute purulent inflammation within the uterine cavity renders complications a matter of ease, extension of the inflammation occurring usually by continuity of tissue. Thus we may have an extension into the parenchyma of the uterus setting up metritis; into the Fallopian tubes causing salpingitis; into the peritoneum causing pelvic peritonitis; to the vagina, vulva and cutaneous surfaces, setting up an inflammation in these structures.

Acute endometritis does not as a rule cause death save during the puerperal state. Many writers have made the ob-

servation that even untreated it finally passes on to recovery, sometimes without a diagnosis having been made of the nature of the affection. The commonest outcome, however, of the acute attack either with or without treatment, is the chronic inflammation. Where, however, complications exist and the disease spreads along the Fallopian tubes, purulent matter is discharged into the peritoneum, grave conditions arise and death may supervene.

Where ordinary care and attention are given by the patient to the treatment of the disease and where the medical adviser is in charge, the outcome so far as an acute attack is concerned is always favorable, save for the fact that the chronic inflammation will require local treatment for its relief.

*Treatment.*—Having diagnosed the condition, no temporizing or delay should be permitted. The patient should be put to bed and kept at perfect rest. A hot saline enema should be administered and sufficient quick-acting salines given to thoroughly empty the cloaca. As soon as this is done and particularly if the inflammation is due to a suppression of the menses we should reestablish the flow by administering a hot Sitz bath, 105° to 110° F., with the water well above the hips for ten to fifteen or even twenty minutes, gradually adding hotter

Fifty years ago life insurance companies had little more sense about alcohol than others generally.—Woods.

Now-a-days life insurance companies prefer to insure total abstainers.—Woods. And don't get a chance!

water as the patient becomes accustomed to the temperature. She should then be removed to bed, a hot antiseptic saline douche given, wrapped in a hot dry pack with hot water bag to the pelvic region and feet. Hot drinks can then be administered to promote diaphoresis. She should be kept quietly in bed and this treatment repeated twice daily in the morning and evening.

If there is any elevation of temperature and especially if the pulse is bounding and the blood pressure high, we should administer aconitine (grains 1-134: Gm. .0005), repeated every thirty minutes until the physiological effect is felt upon the pulse. At the same time we may administer every three hours quinine sulphate grains 3 to 5, with phenacetin, grains 3 in capsules.

Between the Sitz baths the *hot pack* may be given thus: Spread a double blanket underneath the patient extending from the epigastrium to the feet. Take a linen sheet and fold it to such dimensions as will include the patient's body from the navel to the feet. Take another sheet and place over a pan or vessel; put the folded sheet that is to be used in the pack on top of this sheet and pour over it water at a temperature of 140° to 150° F. Rapidly wring the folded sheet dry by twisting the unfolded sheet until the inner sheet is practically dry. Rapidly unfold and slip under the patient from just above the hips to the feet, folding it over her so as to include the inner sides of the thigh and leg. Rapidly fold the blanket over the sheet and tuck same around the body very tightly, taking care to fold the open ends at the bottom so as to *absolutely* exclude the air. Cover the patient well with the bed clothing

and let the pack remain on one hour. Rapidity of application will count for much in comfort and retention of heat.

When the hot half pack cannot be administered *hot fomentations* may be used. Rub the abdomen gently with vaseline over the pelvic and lower abdominal regions. Fold a blanket of sufficient width to extend from the ensiform cartilage to midway of the thigh and slip under the patient. Now take a large towel and place over the mouth of the bucket; into this place a heavy Turkish towel or what is better a piece of old blanket of sufficient size and place in the already-prepared towel. Pour over this water at a temperature of 140° to 150° F., and rapidly wring the water out of the blanket by twisting the towel until the blanket is perfectly dry. This will require some force and strength. It can be best accomplished by means of two handles with an intervening cloth between them. As soon as the fomentation is in place and the patient can tolerate the heat, the blanket should be quickly wrapped around the body over the fomentation and tightly tucked under the sides and hips. To those who have never used this treatment the relief that it can give will prove a surprise.

The diet should be exceedingly simple, at the start liquid, free from meat and meat soups, and may consist of milk and lime or Vichy water, the prepared infant foods, gruels, etc.

It will therefore be seen, in addition to the rest, diet, and medicinal treatment, free movement of the bowels, we shall each day give the hot Sitz bath morning and night, and the hot fomentation or pack in the middle of the day.

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Alcohol as a medicine or a beverage is only evil and that continually. It may do great harm.—Woods.

If you want to save your pneumonia and typhoid-fever patients, don't give them alcohol in any form.—Woods.



When there is a great deal of pain this can oftentimes be relieved by the use of bipolar faradization given from a fine wire (36) high tension coil for ten to twenty minutes. In giving bipolar faradization the patient should try to relax the abdominal muscles as much as possible. The smallest bipolar electrode, warmed and well lubricated, is introduced gently into the vagina, and passed up behind the uterus. The high tension coil is placed in position, and the current turned on very gradually to toleration and just as carefully reduced to zero after the current has been running twenty minutes. An ordinary battery with its coarse coils would prove simply a torture to such a case.

In some cases percutaneous galvanism proves of great help. Take two large ten by twelve felt-covered electrodes, wet in hot bicarbonate of soda solution and place one upon the lumbar region and the other over the pelvis and lower abdomen. Connect the negative pole to the abdominal pad and the positive pole to the lumbar pad. Throw in twenty to thirty cells of the galvanic battery and slowly turn on the current by means of the rheostat until the milliamperemeter registers twenty to twenty-five ma. If possible increase again in a few minutes until comfortable tolerance is reached.

It may be repeated if necessary twice daily. The writer has always adhered to the use of mild antiseptic douches, preferring normal saline solutions to which boric acid has been added.

Unless the trouble is post-puerperal no local treatment should be adopted nor should specula, instruments, examination, or treatment be given per vaginam. When the condition follows labor, curet-

tage must be performed without delay, followed by an intrauterine antiseptic douche of bichloride solution 1-3000 and vaginal douches every six hours. Kahn (*Centralblatt fuer gynaekol.*, 1896) and Johnson (*Boston Medical and Surgical Journal*, March 16, 1900) recommended the injection of steam by means of a jet into the inflamed uterus where the condition follows labor. The apparatus consists of a metal can with a spirit lamp and a thermometer which registers up to 200° C., some rubber tubing and a catheter. The application lasts about half a minute, and never over a full minute. By means of a tap, the current of steam can be interrupted while the catheter is being adjusted before use, lest scalding or burning should occur. The temperature of the steam must be a little above boiling point, about 110° C. The jet of steam is followed by no bad effects, and gives little or no pain. Uterine contractions are actively stimulated and ill-smelling discharges cease. Steam kills the bacteria in the endometrium, and as it coagulates albumin all blood-vessels and lymphatics are sealed up, and fresh granulations can develop under the protective covering.

The general plan of treatment here outlined should be followed until recovery takes place or until the disease has passed into its chronic form and requires treatment for that state. Great care should be exercised in getting the patient up and every endeavor should be made to avoid setting up a fresh inflammatory reaction.

Louisville, Kentucky.

(To be Continued.)

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Keep in mind that colchicine, given to effect, will relieve and cure many of your chronic rheumatism.—Woods.

As a secondary dressing for burns try zinc oxide, 2 to 3 drams; vaseline 1 oz. Mix and apply freely.—Woods.

These splendid articles will be continued next month. We want to urge every one of our readers to go through them carefully. Endometritis is a condition

with which all of us have to deal and Dr. Pope can help us to help our patients. We shall look forward to the further discussion of the subject.—Ed.

## SURGICAL NOTES

### IMPERFORATE ANUS.

Dr. W. Q. Hunter, of Louisville, Ky., writing (*Medical Age*) concerning this subject reaches the following conclusions: (1) An operation should always be performed, and performed without delay. (2) If there be any chance of establishing an opening at the normal site of the anus, the surgeon should at first direct his attention to this procedure. (3) The use of a trocar as an aid in finding the rectal pouch before or after incision through the perineum is not sanctioned by modern surgical authority. (4) The results of attempts to establish an outlet for an imperforate rectum through the perineum are not favorable as regards the production of a useful anus. (5) In case of failure to establish a new anus in the anal region, colostomy should at once be performed. (6) In the formation of an artificial anus the left groin is the best site for the operation. (7) Attempts at establishing an anus in the anal region after a colostomy are attended with great danger, and are generally unsuccessful.

### "VICARIOUS ATONEMENT" IN SURGERY.

That the belly of a doctor in Chicago should be opened and drained to cure another doctor in Cincinnati is the startling proposition of the *Lancet-Clinic*! In

its obituary of Dr. A. W. Johnstone (*Lancet-Clinic*, Oct. 7, 1905) it gravely says: "The disease, readily diagnosed as appendicitis proceeded rapidly. With the operation and free drainage of Dr. E. C. Dudley, of Chicago, the sufferer's life-long friend, the hopes of his anxious attendants revived." Now isn't that awful?

### ACUTE PHLEGMONS OF THE HAND.

A most practical paper upon this subject by Dr. Allen B. Kanavel of Chicago, appears in *Surgery, Gynecology and Obstetrics*. In it he calls special attention to the fact that there are five great spaces, with their tributaries, in which pus can accumulate, in phlegmons of the hand: First, the dorsal subcutaneous, which is an extensive area of loose tissue, without definite boundaries, allowing pus to spread over the entire dorsum of the hand. Second, the dorsal subaponeurotic, limited upon its subcutaneous side by the dense tendinous aponeurosis of the extensor tendons, upon the deep side by the metacarpal bones, having the shape of a truncated cone, with the smaller end at the wrist and the broader at the knuckle. Laterally the aponeurotic sheet shades off into the subcutaneous tissue. Third, the hypothenar area, a distinctly localized space. Fourth, the thenar space, occupying, ap-

German physicians are arranging a system by which the doctor can be sure of a Sunday vacation free from the calls of duty.

Women particularly should be cautioned against the use of nostrums of the coal-tar type during menstruation.—*J. A. M. A.*

proximately, the area of the thenar eminence, to the flexion-adduction crease of the thumb, not going to the ulnar side of the middle metacarpal. It should be remembered that this space lies deep in the palm, just above the abductor transversus. Fifth, the middle palmar space, with its three diverticula below along the lumbrical muscles, limited by the middle metacarpal bone upon the radial side, overlapped by the ulna bursa upon the ulnar side, and separated from the thenar space by a partition which is very firm everywhere except at the proximal end, where it is rather thin. A small isthmus can be found leading from the proximal end of the space under the tendons and ulna bursa at the wrist up into the forearm.

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#### NO DAY LOST.

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The doctor who aspires to be a good surgeon should never go to bed without learning one new thing about surgery or pathology.

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#### ANOTHER DEATH FROM SCOPOLAMINE.

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In the *Lancet-Clinic* of Nov. 18, 1905, Dr. J. C. Sexton reports a case of death from injection of 1-100 grain of scopolamine hydrobromide with 1-6 grain of morphine sulphate. The patient, a woman forty-seven years of age, suffered from a fibroid. She was anemic, poorly nourished, pulse-rate 100, a weak heart, with vertigo and other symptoms of cerebral anemia. On account of the sleeplessness two doses of trional had been given. She was nervous and much afraid of the anesthetic. Fifteen minutes after

the hypodermatic administration of the scopolamine-morphine she became comatose and death occurred in somewhat less than two hours. As this makes twelve deaths already reported following the administration of this drug it is a safe thing to say: the "common doctor" better stick to cocaine and general anesthesia.

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#### TREATMENT OF FACIAL ERYSIPELAS.

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For more than a quarter of a century Prof. W. F. Waugh has not had a case of facial erysipelas which did not promptly yield to treatment, consisting of pilocarpine in sthenic cases and iron in asthenic ones; with practically no attention to local measures save exclusion of the air. In sthenic cases the pilocarpine is given every hour until sweating occurs. When this takes place the edges of the involved area begin to recede. This remedy is then suspended for a day, and if the eruption continues the treatment is resumed until it is evident that the remedy has perfect control of the disease. In asthenic cases the tincture of the chloride of iron, thirty drops, is given every four hours, and nourishment is crowded, when improvement sets in at once.

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#### ACTINOMYCOSIS.

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*Annals of Surgery* contains an interesting contribution to the study of actinomycosis, by Dr. Arthur Dean Bevan, Professor of Clinical Surgery in Rush Medical College, Chicago. He treats chiefly of its clinical aspect, laying particular stress upon the differential diag-

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Practically everyone concedes that phagocytosis is the most important element in the production of immunity.—*J. A. M. A.*

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Schieffelin and Fougere have withdrawn from the Proprietary Association of America. Set up a standard and the best will rise to it.

nosis of the condition. He makes the point that in his cases he has observed that the actinomycotic granules were gray or translucent more often than yellow. In this connection he calls attention to a source of possible error, for in one case of suppurating epithelioma, the pearls liberated by suppuration were mistaken for actinomycotic granules. Mention is made of the difficulty of finding distinctive, characteristic fungi under the microscope. He classifies actinomycosis clinically as: (1) Head and neck actinomycosis, with infection from mouth and pharynx; (2) Chest actinomycosis: i. e., through the respiratory tract; (3) Abdominal actinomycosis with infection probably always through the alimentary canal, possibly through the genital tract of the female; (4) Actinomycosis of the skin. The conclusion is drawn that the disease is quite common and is often not recognized. Bevan reports six cases of his own; three abdominal, one pulmonary, one neck, and one rectal. Treatment consists of laying open and curettage of sinuses and internal administration of iodide of potassium.

#### **ECZEMA OF THE HANDS.**

By reason of much scrubbing and enforced application of hot water to the hands, many surgeons develop eczema of the hands—especially those who use the

permanganate of potash and oxalic acid solutions. To these the remarks of Dr. Prince A. Morrow, of New York, will be of interest. He says: No application I have ever tried has proved so serviceable in keeping the skin soft, supple and pliable as the oleate of bismuth ointment, the composition of which is as follows:

℞ Bismuth oxide .... 4. (dr. 1)  
Oleic acid ..... 32. (oz. 1)  
Cerae alb ..... 12. (dr. 3)  
Vaseline ..... 64. (oz. 2)

The addition of a few drops of the oil of rose renders the ointment more agreeable.

#### **FRACTURE OF OLECRANON.**

In fracture of the olecranon Dr. John B. Murphy, of Chicago, now advises subcutaneous wiring. It may be done without opening the joint and without any danger of infection if one is very careful in aseptic details.

#### **SPINAL ABSCESES.**

When abscesses form in Pott's disease of the spine the abscesses which contain only tubercular liquification should be aspirated. When true pus has formed, aseptic thorough drainage is advisable.

## **GYNECOLOGICAL NOTES**

### **OPERATIONS ON CANCER OF THE BREAST.**

In removing carcinoma of the breast there are two chief reasons for return

of the disease: (1) Want of care in dissecting out all the fat and glands of the axilla, and (2) leaving too much of the skin over the affected area. Of the first it may be said that a large majority of

A great series of articles is appearing in *Collier's Weekly* on "Preying on the Incapables." You lose a lot if you miss it.

The patent medicine business is nakedest, most cold-hearted. Relentless greed sets the trap; death is partner in the business.—*Col.*

operators spend too little time in removing the axillary contents—it requires from a half-hour to an hour to get all the tissues out which may possibly be implicated by the cancerous process. Not only the fat and glands of the axilla should be excised—the chain of lymphatics running down beside the long thoracic vessels, those running down behind the scapula and those extending up beneath the clavicle should be removed; indeed, some surgeons now advocate removal of the cervical glands, but this is scarcely needful, unless they can be felt beneath the skin and muscle; and then it is doubtful if any operation at all is justifiable. Of the second it may be said: It is well to cut wide of the affected area, running the risk of having to make a Thiersch graft rather than to leave skin which may be the site of incision-recurrence—a very frequent thing in the work of inexperienced operators.

#### LACTIC ACID FOR GONORRHEAL CERVICITIS.

*Merck's Archives* quotes Dr. S. Chandler, of Philadelphia, as strongly advocating the use of lactic acid for the treatment of gonorrhea of the cervix as preferable to other methods. His method is as follows: Cleanse the vagina and cervix thoroughly with warm water and cotton soaked in a watery solution (4 to 6 oz.) of pyroligneous acid. Expose the cervix by drawing it downward and into view by an ordinary long tenaculum; then take an ordinary hypodermic syringe loaded with pure lactic acid, and inject just beneath the membrane a few drops of the acid. Continue this until the whole of the cervix is exposed as

the superior and inferior lip is injected. It may be done in one sitting, or in a nervous case, if desired, in two or three sittings. He concludes from his experience with this and other methods that lactic acid cures cervical gonorrhea, has no ill effects, and prevents the spread of the disease into the body of the uterus if used sufficiently early. As ordinary douches and painting the cervix give only temporary relief, it is better to destroy the cervical glands, and this should be done as soon as a positive diagnosis is secured. In all cases of chronic cervicitis both the discharge and the cervical membrane should be examined before excluding gonococci, which are the cause of most chronic discharges from the os. This method of injecting the cervical glands with lactic acid, he believes, is the best prophylactic against future disease of the tubes, etc. A too deep injection of the lactic acid may cause an annoying, though not a dangerous, slough, lessening the good results; caution against this is, therefore, advisable.

#### UTERINE BLEEDING.

Under this caption Dr. Herman St. John Boldt, Professor of Gynecology in the New York Post-Graduate Medical School, discusses various conditions leading to hemorrhage of the uterus, in *Boston Medical and Surgical Journal*. He reports that he has used stypticin in a number of cases with marked effect; in others it was powerless. Among thirty-five fibromyomata eleven were benefited, the rest were not. In one case of menorrhagia due to an interstitial fibroid the relief was very marked. In hemorrhage due to uterine cancer the

Out of 465,020 cases of pneumonia tabulated by Wells, the mortality was 20.1 per cent for all ages. In large cities 20 to 35 per cent.

Tuberculosis: The chief aim of medicinal treatment should be to raise the physiologic activity of the cells.—Bjorkmann, *Merck's A.*

result was negative. Five cases of post-puerperal bleeding were cured (after the removal of retained placenta shreds).

Hyperplastic endometritis yielded well to curetting with stypticin; the glandular form did not. About half of Boldt's cases of chronic metroendometritis were benefited by this treatment, which failed, however, to cure only three among twenty-three cases of non-suppurative pelvic inflammation. Stypticin was very beneficial in irregular bleeding during pregnancy; nor were there unfavorable symptoms as a result. Most cases of profuse menstruation in virgins without organic pelvic changes were benefited; as also a typical bleeding without pathological cause during the climacteric.

Boldt considers stypticin, while not a panacea for all cases, better than any other remedy; in some instances it has been a specific. If no effect is produced after three large doses (two and one-half to five grains), its continuance is useless. In fibroids its use should be discontinued if two hypodermics of five grains each at intervals of from ten to twelve hours did not diminish hemorrhage. No harmful results have followed the use of stypticin even in five-grain doses every three hours. Sometimes the pain associated with bleeding has also been relieved by this drug. For too profuse bleeding one should begin with one-grain doses till about one week before the expected flow; upon the appearance of the flow two and one-half grains should be taken every three hours through the entire period. Metrorrhagia requires two and one-half to five grains every two or three hours until the bleeding is lessened, when the dose may be gradually decreased to one grain every four hours.

If quick results are imperative, from three to five grains may be injected in a 10 per cent solution into the buttocks. The taste of this drug is disagreeable; it should therefore be given dry in capsules.

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### THREE VALERIANATES IN GYNECOLOGY.

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A combination very effective with "run-down" gynecological patients, or for those having a slow convalescence after operation, is:

R Quininz valerianat.

Zinci valerianat.

Ferri valerianat. aa 2 (dr. 1-2)

Misce et ft. capsul. No. xxx.

Sig. One capsule one hour after each meal. If there be a really painful condition present or if the patient be extremely nervous, one-quarter or even one-half grain sulphate of codeine may be added to each capsule.

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### MASSAGE AND SEXUAL EXCITEMENT.

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Physicians are often asked by masseurs (and especially by masseuses who desire work upon gynecological patients) why they do not more frequently prescribe or endorse massage. Such questions should be answered by the plain truth, viz.: That massage is an equally powerful stimulant to the skin and to the sexual sphere, the irritation of the skin producing erotic thoughts in the purest-minded even though administered by one of the same sex. In excitable, neurotic female patients therefore general massage is especially harmful rather than beneficial; and in sexual neurasthenia it

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Chicago mortality in 1905 was 13.67, based on U. S. Census population estimate of 1,990,750 a safe minimum far below truth.

Jan. 20, Chicago reports influenza 50 per cent and pneumonia 25 p. c., less, but diphtheria increasing and higher mortality. Too hot.

is particularly dangerous. One mile of walking is worth two hours of massage. Ellis is quite right in his declaration that the gynecological massage introduced by the Swedish teacher of gymnastics, Thure-Brandt, as involving prolonged rubbing and kneading of the pelvic regions ("pression glissante du vagin,") whatever its therapeutic value, cannot fail in a large proportion of cases to stimulate the sexual emotions. Eulenberg remarks that for sexual anesthesia in women the Brandt System of massage may "naturally" be recommended.

### AN ENORMOUS TUMOR.

In *Texas State Journal of Medicine*, February, 1906, Dr. Arthur E. Spohn, of Corpus Christi, Texas, reports the removal of a woman from a tumor which weighed 328 pounds! The growth was a multicystic ovarian tumor of several years' development, and when the patient laid upon her back it extended from her chin to midway between her knees and feet. He first removed thirty gallons of gelatinous fluid, and one week later completed the operation. The sac alone weighed 40 pounds. Patient made a good recovery.

### OBSTETRICS IN THE PHILIPPINES.

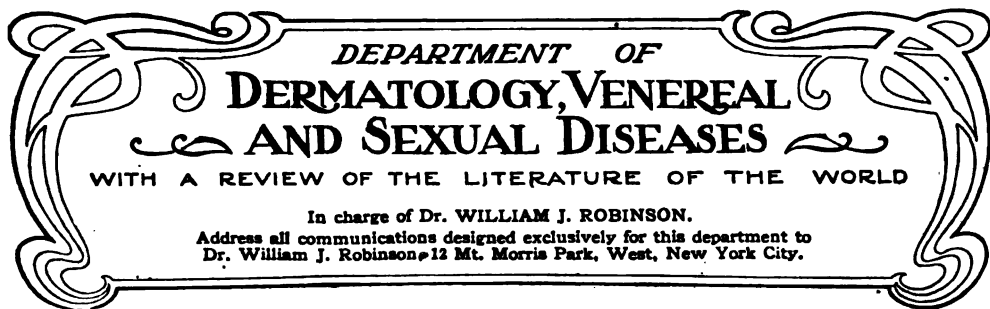
A most interesting paper by Dr. Wm. Duffield Bell, appears in *Medical Record*, January 27th, in which he says that the belief that the women of semi-civilized races escape many of the pangs of childbirth is certainly erroneous regarding the Philippine natives. The life of the Fili-

pino woman is comparatively short, due to her many pregnancies, much manual labor, insufficient food, and most of all to the crude, brutal, and ignorant practices employed as obstetric aids. The two chief procedures used to facilitate expulsion of the fetus consist first, in a stout band of cloth passed about the woman's abdomen and pulled tight by four persons, who are seated, two on each side of the patient, with their feet against her body, and second, in a plank six or eight feet long by a foot wide, which is placed across the woman's abdomen while another person, mounted on the plank, rises on his toes, and lets the heels descend forcibly. The birth of the child is followed by the expulsion of the placenta by the above means, and, should the process be delayed, forcible traction on the umbilical cord is made to such an extent as to tear away portions of the placenta, and often large sections of this body are left to find their way from the uterine cavity of their own accord. Weeks and even months later the results of such practice are noticed in the septic conditions which would naturally follow retention of the membranes.

The author gives some statistics showing the frequency of complications attending this crude midwifery, and then describes a case of imperforate hymen in a young girl. On account of the tumor caused by the accumulated blood she was supposed to be pregnant and was subjected to both the cloth and the plank treatment. She was then brought to the author, who incised the occluding membrane and liberated two quarts and four ounces of thick, offensive menstrual blood.

Jan. 20: Last week inspectors for city condemned 120,554 lbs. meat at Union Stockyards and 18,089 lbs. in loop markets.

The truest wisdom is a resolute determination.—Napoleon. I would rather excel all in knowledge than in power.—Addison.



## THE VEGETABLE ALTERNATIVES IN THE TREATMENT OF SYPHILIS.

**T**HE title is not a sensational one. I regard the subject as one of the *utmost* importance and I wish it could be brought to the attention of every physician not only in this country but throughout the world. Of course, mercury is the mainstay of the treatment of syphilis, and in the tertiary stage we cannot very well do without the iodides. He who undertakes the treatment of a case of syphilis without employing mercury and iodine, or at least the former, takes a terrible responsibility on himself. But I believe that great, very great damage has been done syphilitic patients by the practical elimination from the treatment of the vegetable alternatives. Not only the general practitioner, but the specialist thinks that his entire duty has been done, if he gave the patient some mercury and some potassium iodide.

Well, perhaps in the majority of cases it is sufficient; but there is quite a respectable minority in which the two sheet anchors fail us; there are patients who have a most terrible idiosyncrasy against either mercury or iodine or both, and it is in such cases that the general practitioner usually, and even the specialist occasionally, is completely at sea. Many a patient has gone and will continue to go to ground, because of the almost universal lack of knowledge among the profession that there are drugs, besides

mercury and iodine, which have an undeniably beneficial and often striking effect in syphilis. I could do no better to impress the lesson I wish to convey on the minds of my readers than by citing a striking case recently reported by Sir Felix Semon, King Edward's physician. The case is rather a long one, but is well worth the space. A gentleman was sent to Dr. Semon by his physician with the following history:

A year ago the patient got a hard chancre. It had only just appeared when his doctor saw him. He put him on full doses of mercury at once. None of the ordinary secondary symptoms ever appeared, but the patient got a tremendously swelled throat and tongue, and was badly salivated, ropes of saliva pouring out of his mouth. The soft palate became edematous, the tonsils, on each of which a large ulcer appeared, almost met in the middle, and the patient was very ill generally. The medical attendant considered the phenomena as mercurial. Mercury being left off, the ulceration gradually improved, the salivation diminished, and the patient went away to recoup, but returned with his throat deeply ulcerated.

In consultation with a specialist the affection was considered to be of the nature of secondary syphilis; a return to mercury was advised and practised, with



the result that the ulceration, as on the first occasion, grew rapidly worse and the patient became very ill. Mercury was again abandoned and the patient was treated with "ordinary throat applications." Temporary improvement occurred, but a month or so afterwards fresh ulceration broke out in the throat. On renewed consultation mercury was again advocated and used, with exactly the same result as previously, namely, that the ulceration immediately became much worse, and that the patient was again very ill. Mercury being discontinued, he very slowly and gradually recovered, and was then sent to a great authority on syphilis, who, it was stated, took an intermediate view between syphilis and mercurial ulceration, and considered the former to belong to the phagedenic type. He advised the use of iodide of potassium, which, however, the patient was "unable to take in ordinary doses."

The patient was a pale, unhealthy-looking man, evidently in pain, whose speech was guttural and indistinct, his frequent endeavors at swallowing the saliva, which was constantly produced in large quantities, being accompanied by signs of great distress.

On examination the following condition was found: There was extensive scarring owing to destructive ulceration of the mucous membrane of the palate and fauces, resulting in adhesions, on the one hand between the soft palate and the posterior wall of the throat, and on the other, of the pillars of the fauces with the sides of the tongue. The uvula was entirely destroyed and there were two perforations—a larger one above, a smaller one below—in the middle line,

the larger one of which represented the only communication between the nasopharyngeal and oral cavity. The tongue showed evidence of old ulceration and was fissured; the epiglottis was partially thickened, more particularly on the right side, and on this part, as well as on the sides of the fauces, there was still some active superficial ulceration.

Dr. Semon had no doubt that the affection was of a purely syphilitic character, tertiary in nature, although appearing at an unusually early time and revealing a most unusual idiosyncrasy on the part of the patient against antispecific remedies, particularly against mercury. He sent the patient to Aix-la-Chapelle, where the doctor also considered the case one of precocious malignant tertiary syphilis. He at first tried to treat the patient with iodipin preparations, and made four injections of 25 per cent. iodipin, each containing one-half ounce of the drug. The result was no more successful than had been the mercury and iodine treatment at home. On the day after the last injection the patient got a painful swelling of the tongue. The tongue itself, as well as the soft palate, became covered with a dirty yellowish deposit in the area where previously simple erosions had been present. This condition got daily worse, and ultimately the entire affected region of mucous membrane became changed into a mass of rather deep and intensely painful ulcers, the general health at the same time deteriorating rapidly. The ulcers were painted with a 10-per-cent solution of nitric acid. Under this treatment they became cleaner, but showed no tendency to heal. From this result of the iodipin treatment, the Aix physician became even more con-

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The best part of a man's education is that which he gives himself.—Scott. Better wear out than rust out.—Bishop Cumberland.

To be employed is to be happy—Gray. Knowledge is Power.—Bacon. Have we not all eternity to rest in?—Arnould.

vinced than he had been before, that he had to deal with a case of malignant syphilis, as in such cases in his experience the inefficiency of mercury and iodine preparations is quite characteristic.

Acting upon this opinion Zittmann's sarsaparilla decoction was prescribed for the patient with immediate and brilliant results. For twenty-six days he daily took in the morning 7 ounces of the stronger Zittmann's decoction, and in the evening 7 ounces of the weaker decoction. This was followed for 10 days by Kobert's sarsaparilla decoction, and finally he took the two Zittmann preparations for another fortnight. Under this treatment his general health improved from day to day, the ulcers cicatrized in the most desirable manner, and ultimately were replaced by a solid scar. The patient's articulation became much more distinct, he could eat without difficulty and pain, and during the whole time hardly ever suffered from diarrhea. He was discharged with the advice to take Kobert's decoction for another fortnight, and afterwards to discontinue for a time, all treatment. When on his return he was seen by the author, the latter found a most pleasing improvement; a dense cicatrix united the remnants of the soft palate with the lateral wall of the pharynx down to the level of the epiglottis. In its midst there was one sharply cut perforation, and the uvula, as already stated, had completely perished. There was no active ulceration, the pharynx and the larynx were normal. The patient's general appearance and articulation were infinitely better than before he went to Aix. Since then, as far as the doctor knows, he has remained perfectly well.

In Aix-la-Chappelle, Zittmann's and

Kobert's decoctions are used quite extensively, and Aix is considered the most successful resort in Europe. Dr. Semon's report attracted great attention and from letters received by the *British Medical Journal* it is safe to predict, there will be a revival of sarsaparilla and other vegetable alteratives in England.

Zittmann's decoction is a truly polypharmaceutical preparation, consisting of sarsaparilla, fennel, anise, sassafras, meze-reum, glycyrrhiza, guaiacum wood, etc. Kobert's decoction is a decoction of sarsaparilla, standardized to contain two per cent of glucosides.

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#### ELECTRICITY AND IMPOTENCE.

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In the JOURNAL for February we discussed the influence of the x-rays on the generative organs. The influence of electricity in this direction has not yet, as far as we know, been the subject of research. But in a recent issue of a contemporary (*S. Med. & Surg.*, Jan., '06) Dr. Wesley E. Taylor of Atlanta, Ga., briefly refers to two cases, which, while not positive or conclusive, are nevertheless not devoid of interest. Case one is of a young man who manipulated a static machine several times daily for about six months and noticed an almost total absence of the sexual instinct. This continued as long as he operated the machine, but returned slowly on discontinuing its use. He could think of no other reason or cause for it, as he was otherwise in perfect health.

Case two is of a sexual neurasthenic treated with static electricity three times a week for four months, and with satisfactory results, who reported that during this period his sexual powers diminished

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Time is the only fragment of eternity that belongs to man; and like life itself can never be recalled.—Winslow Anderson.

Franklin began studying natural philosophy after he was 50 years of age; Lyell's geologic work was done after he was 60.

and finally ceased almost entirely. Since discontinuing the treatments they are gradually recovering and are now nearly normal again.

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**WHICH IS THE MORE DANGEROUS  
DISEASE: SYPHILIS OR GONOR-  
RHEA?**

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The question as to which of the two venereal diseases is the deadlier, more dangerous, pops up periodically in medical literature. At one time the question would have seemed absurd; even by the profession gonorrhea was considered a trifling ailment in comparison with the ulcerous, toothless, hairless and sunken-nosed specter of syphilis. But opinions are changing. Many physicians are considering gonorrhea the more dangerous disease, especially in its relation to the wife.

Dr. A. Doktor takes this view. In a recent issue of the *Centr. f. Gynaekologie* he relates a number of instances of chronic invalidism and suffering in wives, who were infected with gonorrhea by their husbands, and he claims that while syphilis causes more illness and misery among single men, gonorrhea works deadly havoc in married life. While we personally consider syphilis by far the more serious disease, still we are ready to admit that gonorrhea carries with it a great element of danger just on account of its supposed triviality. A man who has had the misfortune to become afflicted with syphilis will treat himself thoroughly and will generally not marry until permitted to do so by his physician; a gonorrheic will stop treatment and will get married as

soon as his discharge stops, though his urethra and prostate may be full of dormant gonococci.

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**THE TERRIBLE CONSEQUENCES OF  
A MISSTEP.**

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What misery one member infected with syphilis may cause to the entire family is well seen from the following two tragic cases. The first case was reported by Dr. Bonne. A young man went out for a "good time" and became infected with syphilis. Marrying soon afterwards he infected his wife who died five years later from syphilis of the brain. The wife's mother became infected while nursing one of the children and in her turn infected her son's wife who afterwards bore two stillborn syphilitic children. The wife of another son also became infected in a similar manner and suffered fearfully from syphilis of the bones.

The second case was reported by Dr. Foveau to Prof. Fournier and is as follows: A married man was infected with syphilis in a mild form; he infected his wife who suffered with a severe form of the disease in its secondary stage. The sister of this woman, who had a nursing baby, came to live with the married couple. She happened to put her toothbrush in the same glass which was used by the syphilitic sister and then has some teeth extracted. She became infected and in her turn gave the disease to her baby.

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**MONKEYS AND SYPHILIS.**

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As is well known, Neisser (the discoverer of the gonococcus) has been

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Laplace was over 70 when he published his *Nebular Hypothesis*. Leconte was 64 when he published his work on *Evolution*.

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Pare was denounced as a dangerous unprofessional quack for daring to apply ligatures to severed arteries instead of searing.

spending the last two years in the Dutch East Indies, studying the effects of syphilitic inoculation on monkeys. He had a total of about 900 of them of various species, chiefly of the smaller variety, but also 11 orang outangs and about thirty gibbons. All species are susceptible to the inoculation, the higher species more so (as would be naturally expected) than the lower. The two practical points which we *might* perhaps utilize from his studies so far are these: excision of the point of inoculation a few hours after infection in every instance failed to arrest the generalization of the disease and the most varied attempts to prevent general infection after inoculation proved futile. Mercurial treatment given simultaneously with the inoculation failed to prevent the development of the primary lesion. We thus have from Neisser's experiments further proofs of the futility of cutting out or burning out chancres and of the impossibility of preventing the development of syphilis once infection has taken place.

#### THE VARIOUS METHODS OF ADMINISTERING MERCURY.

Dr. Howard Morrow (*Calif. State Jour. of Med.*, Feb.) summarizes the advantages and disadvantages of the various methods of administering mercury as follows:

*Advantages of Injections Over Internal Medication.*—The action is rapid and the exact dose can be estimated. There is practically no danger of salivation or diarrhea and digestion is not disturbed.

Many lesions which resist internal medication will clear up under injections.

*Advantages of Mercury by the Mouth Over Injections.*—The medicine can be given in pill form, and this can be carried in one's pocket and taken without trouble. For routine treatment when no active lesions are present the results are apparently as good as by injections. There is less likelihood of losing the patient on account of the fear which some have of the pain following the injections.

*The Disadvantages of Injections.*—At times they are quite painful. The necessity of visiting the physician at times when it is not required by the condition of the patient.

*The Advantages of Soluble Salts Over the Insoluble.*—Pain is not so severe or lasting.

They can be given in aqueous solutions.

The results are as good as from the insoluble salts.

The dose can be regulated better, as absorption is more rapid and there is no accumulation of the drug.

*The Advantages of Insoluble Salts Over the Soluble.*—It is not necessary to give the injections so frequently.

Lesions of the mouth and nervous system clear up more rapidly.

*The Disadvantages of Insoluble Preparations.*—The severe pains, which frequently last a long time, occasionally as long as a week.

The tenderness of the inflammatory lump which frequently remains after the injection.

They must be given in oil, hence the danger from embolism. [Very problematic.—Ed.]

The dangers from salivation and other symptoms of mercurialism from accum-

Arsenic in small doses sedates the liver, especially the glycogenic function; but continued use causes fatty degeneration.

Many cases are on record where the continued use of sodium glycocholate has permanently stopped hepatic colic.—Richardson.

ulation of the salts at the points of injection.

*Inunctions* have the drawback of being dirty, of sometimes causing cutaneous eruptions, and the dose cannot be regulated so carefully as by injections of soluble salts.

Nevertheless inunctions seem to be the best form of treatment for severe cases in children and in nervous women, and it is good treatment whenever mercury is indicated.

*Intravenous Injections* are of service in those cases where it is necessary to obtain a rapid action, but in which it is necessary to avoid all pain. They are sometimes dangerous, and when the mercury happens to get outside the vein the pain is excruciating.

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#### ANTIGONOCOCCUS SERUM IN GONORRHEAL RHEUMATISM.

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Dr. J. Rogers, of New York, reports (*Jour. A. M. A.*, Jan. 27, 1906) the successful treatment of a number of cases of gonorrheal rheumatism with the antigonococcus serum made by Dr. John C. Torrey. While the serum proved really efficacious, it had but little if any effect on existing urethritis. There is always danger of a recrudescence of arthritic symptoms if there are any traces of urethritis. If the patient is gonorrheal, the serum will alleviate the painful condition in a few days. The author injects from 20 to 60 minims of the serum every day or every other day, beginning after the arthritic symptoms appear and continuing while the pain and disability last. He observed no ill effects except an occasional erythema. Diagnosis is somewhat difficult, especial-

ly in women, but the results are secured with early treatment. There is always to be considered the possibility of a complication by another infection, but the author is of the opinion that most joint and serous membrane affections occurring in the course of a gonorrhea are due to the gonococcus.

Dr. Torrey makes his serum by inoculating large rabbits intraperitoneally with cultures from an acute, untreated case of gonorrhea, at intervals of five or six days, with cultures from six to fifteen days old. Dr. Torrey believes that the good results he obtained from the serum were principally due to its bactericidal action, but he thinks there is also an antitoxic action. In some of his cases there was a decrease of pain in the joints within twenty-four hours after the first administration, and this he thinks may be explained by a neutralization of some of the gonotoxin. The serum has been found to contain both precipitins and agglutinins for the gonococcus, and the theory is that the serum supplies enough immune bodies to dispose of the comparatively few gonococci in the chronic forms of the disease, though not enough to destroy the great number of gonococci present in the urethra in the acute type of gonorrhea.

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#### THE LESSONS FROM THE EXPERIMENTS WITH SYPHILIS ON MONKEYS.

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We reported elsewhere Neisser's experiments on monkeys and the practical lessons to be deduced therefrom. Roux and Metchnikoff in their experiments reach diametrically opposite conclusions (*Annales de l'Institut Pasteur*, XIX,

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Of 6 prescriptions for glycerophosphate 3 were filled correctly, 2 with cheap substitutes, 1 simple unmedicated glycerin.—*Texas M. Jour.*

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We notice with disquietude and regret the spread of an increasing tendency toward a spirit of medical aggrandizement.—*St. L. M. R.*

No.9). By rubbing in an ointment consisting of one part of calomel and two parts of lanolin one hour after inoculation, they were able to prevent the development of syphilis. This result was obtained in five monkeys while other monkeys inoculated with the same virus, but in which the calomel ointment was not used, did develop syphilitic manifestations. Again they inoculated the tip of the ear of a little monkey (*macacus*) with the virus from a chancre, and excised the part twenty-four hours later. No syphilis developed; while the same animal inoculated again (in the eyebrows) two months later did develop typical syphilis.

#### GONORRHEAL IRITIS.

S. M. Burnett, of Washington, D. C. points out (*J. A. M. A.*, Dec. 23, 1905) that while gonorrheal iritis is well known to ophthalmologists, it has been almost entirely ignored in all but two American text-books on genitourinary diseases. He reports an illustrative case. Opinions differ as to the frequency of the disease. It may appear under various forms. Like gonorrheal rheumatism, it appears generally in the declining stages of gonorrhea, and it has a tendency to recur during subsequent attacks. One or both eyes may be affected. The delay of a few days, or even a few hours in diagnosis and treatment may mean partial or complete blindness for the victim.

#### METHODS OF ADMINISTERING MERCURY IN SYPHILIS.

In the discussion of a paper by Dr. David Smart (*Lancet*, Dec. 2, 1905)

on the modern treatment of syphilis, an interesting interchange of views resulted on the different methods of administering mercury, at a recent meeting of the Liverpool Medical Institution.

Dr. Smart much regretted the general apathy in England on the subject of venereal disease, as instanced by the absence of lock hospitals in large centers and in large naval and military stations. He referred to the great importance of general hygienic treatment—namely, rest to the body and nervous system; rigid regulations as regards tobacco and alcohol, laying especial stress on the anti-sepsis of the mouth and teeth. After discussing the value of mercury in the several stages, he mentioned the three main means of administering it; by the mouth, by intramuscular injection, and by inunction, expressing a decided preference for the last mode of treatment, both in private and in hospital practice. An interesting description of Aix-la-Chapelle and its inunction "*kur*" was given, the paper concluding with an eloquent appeal for the more general adoption of this method in England.

Dr. G. G. Stopford Taylor said that during the last eighteen months he had regularly practised the intramuscular method of administering mercury, and the way in which patients had improved had been a revelation to him. He should be very sorry to return to the oral method of medication and considered the routine treatment by inunction to be impossible in England.

Dr. A. Bernard said that when all the symptoms pointed to a syphilitic character of the primary lesion, it was his invariable practice to administer mercury without waiting for the onset of

The Wisconsin *Medical Recorder* arraigns the Pacific Coast State Boards for misusing their positions to lessen competition. •

State medical laws have been made to protect the people from pretenders, not State doctors from competition.—*Wisconsin Med. Rec.*

secondary symptoms. He greatly preferred to employ inunction or intramuscular injections rather than to give the drug by the mouth.

Dr. F. H. Barendt said that in private as well as in out-patient practice he used the oral method. He found it, on the whole, the most satisfactory one, and it did not interfere with the patient's occupation and personal comfort, or betray his secret. When the nature and seriousness of the affection were placed clearly before the patient no difficulty was experienced in keeping him under observation for three years.

Dr. Leslie Roberts spoke in favor of the oral method. In the later lesions of syphilis he had used inunction with marked benefit. He considered that there was some appreciable danger in intramuscular injections.

### GONOCOCCUS CONJUNCTIVITIS.

In considering the question of preference between the organic silver salts, such as protargol and argyrol and silver nitrate, in the treatment of gonococcus conjunctivitis, Dr. Charles H. May states (*Archives of Pediatrics*, Nov. 1905) that the former are indicated in the early stage of the conjunctivites, the latter in the later stage.

The earlier period of the conjunctivitis is marked by the occurrence of a profuse discharge, and here the organic salts are indicated for the destruction of the gonococci. Experiments show that their germicidal action is just as efficient as with silver nitrate, equally penetrating, and accompanied by no irritation or pain; hence such remedies

can be used much more liberally and much more frequently than the nitrate. To be efficient, however, the solution of protargol or argyrol must contain from 25 to 50 per cent of the remedy.

### CHANCRE OF THE EYELID.

According to Dr. Kowalewski (*Deut. Med. Wochen.*) chancre of the eyelid occupies the sixth place in the order of frequency among extragenital chancres; the lips occupying first place, breasts second, mouth (interior) third, fingers fourth and tonsils fifth. He describes the case of a young woman who was treated for several weeks by several physicians for an ulcer on the upper eyelid. The author recognized its true nature and the diagnosis was confirmed by the appearance of a roseola. The patient then admitted that a male acquaintance kissed her on the eyes. Under hypodermic injections of mercury the rash disappeared and the ulcer healed. Smears from the ulcer and from the papules on the patient's body showed numerous *Spirochaetae pallidae*. The spirochaetæ disappeared after three injections of corrosive sublimate.

### GENERAL PARESIS AND ANTISYPHILITIC TREATMENT.

Dr. Joseph Collins (*Med. Record.*, Jan. 27, 1906) attributes general paresis to syphilization and civilization, illustrating his paper with fifty private and fifty hospital cases of general paresis. Dana has described a "preparetic stage" and the author believes that if this stage can be detected there is a chance of arresting the disease. The education of young

California cans the abalone, a giant snail, as a substitute for oysters; less danger of typhoid.—*J. A. M. A.* Briggles!

Cryoscopy may be useful but in country practice a good remedy for swiney will bring you higher standing in the community.

men to premarital continence and the thorough treatment of existing syphilis are important prophylactic measures. In three cases the author apparently arrested the disease by intensive mercurialization, but he emphasizes that this method can only be successful when a very early diagnosis has been made. The general practitioner he says, should never make the diagnosis of neurasthenia until after a routine physical examination, which procedure will result in neurasthenia being diagnosed less often, and occasionally result in general paresis being recognized in its incipency. The slightest manifestation of loss of the pupillary light phenomenon, premonitional display of labial and facial tremor, lingual tremor, disorder of the tendon phenomenon, particularly of the lower extremities, occurring in a patient who has some or all of the symptoms of neurasthenia,—all come under the head of suspected cases of general paresis, and vigorous antisypilitic treatment is to be given when the suspicion seems well grounded.

#### THE STATUS OF X-RAYS IN DISEASES OF THE SKIN.

Dr. Fred Wise, clinical assistant and radio-therapist at the New York Skin and Cancer Hospital, gives what seems to us a very impartial and moderate statement as to the present status of Roentgen therapy in dermatology (*Med. Record*, Jan. 20, 1906). His conclusions are summarized as follows:

1. The x-ray will cure ringworm and favus of the hairy skin more rapidly and reliably than any other method of treatment; the advantages of the method are,

that it is painless, harmless when properly used, and thorough, and that it cuts down the expense incurred by the city in the treatment and care of these patients to a very considerable extent.

2. Hypertrichosis should be treated with electrolysis, not with the x-ray.

3. The x-ray gives very satisfactory results in the various forms of cutaneous tuberculosis; in keloid, in keratoses, infiltrated patches of chronic eczema, *lichen planus*, *pityriasis rubra*; in the tubercles, ulcers, and tumor-masses of *mycosis fungoides*, psorospermosis and sarcoma.

4. X-radiation relieves pruritus, burning, tingling, and pain; it decreases the discharge and foul odors of various dermatoses, often causing them to disappear completely.

5. In selected cases, radiotherapy is the ideal agent in the treatment of epithelioma and rodent ulcer.

#### TREATMENT OF X-RAY BURNS.

Dr. Engman recommends that in x-ray burns lanolin be applied for twenty-four hours and then the following ointment:

Amyli .....	
Zinci oxidi .....	
Bismuthi subnit, aa .....	oz. 1
Ac. boricæ .....	
Aquæ rosæ, aa .....	oz. 1½
Olei olivæ .....	
Lanolini .....	
Aquæ calcis, aa .....	oz. 3

#### THE GONOCOCCUS IN THE PUERPERIUM.

Drs. Stone and McDonald read a paper at a recent meeting of the New York Obstetrical Society with the above

These stimulant tonics, sedatives, anodynes and narcotics of alluring names are among the worst enemies of neurasthenics.

Cesares advises to obviate the danger of cumulation from digitalis to administer diuretin with it.—*Med. Fortnightly*.



title (*N. Y. Med. Jour.*). Their conclusions were as follows:

Gonococcus infection is present in a much larger proportion of patients of the obstetrical clinic than had previously been supposed by the writers. The positive diagnosis of the gonococcus is difficult in the absence of pus cells, and these do not as a rule, appear until late in the puerperium. The spread of the gonorrheal infection also increases the ease of recognition of the organism as the puerperium advances. The temperature curves of patients having fever are so varied that no reliance can be placed upon this as an aid to diagnosis. The most common type seems to be that of a sudden rise followed by a return to normal in three or four days, simulating sapremia. The puerperal state has a direct influence upon the course of the disease. Gonorrheal infection is a frequent cause of abortion, and in all cases of late abortion this should be considered. Thus, if adnexial disease follows an abortion, it should not be ascribed to the abortion, as gonorrheal infection may have been the cause of both.

#### A REMARKABLE SERIES OF CASES OF ICTERUS NEONATORUM.

Dr. Jas. Bushfield reports (*British Med. Jour.*, Jan. 6, '06) the following series of cases of icterus neonatorum all occurring in one family. The mother, always a healthy and well-nourished woman, was married at seventeen; her husband, apart from occasional rheumatism, had no evidences of constitutional disease. The children were all born at full term between the mother's eighteenth

and thirty-fourth year of age. The first, a boy, did not suffer from jaundice but died at five months from bronchitis. The second, a girl, suffered from jaundice, but recovered. The third, fourth and fifth suffered from jaundice, and died. These cases occurred before the doctor knew the family.

The sixth labor presented no unusual feature, but by the second day the infant, a boy, began to show signs of jaundice, which gradually deepened into almost a copper color, and death followed a comatose condition about the eighth day. The seventh, a girl, and the eighth, a boy, also suffered from intense jaundice, but recovered.

These cases were treated from birth with a small dose of calomel, followed by large and repeated doses of castor oil, together with a soda and rhubarb mixture. The success which apparently followed his treatment in these two cases led him to anticipate a favorable termination to the ninth pregnancy, but in this he was disappointed, as the infant, a very fine well nourished boy, died from jaundice on the fourth day. In this case the doctor was permitted to make a *post-mortem* examination, but, apart from the bile-stained condition of all the organs, he could discover no morbid condition. The gall-bladder contained bile, but was not distended, and the bile duct was not occluded. The tenth, a girl, he did not see until about six hours after birth, but it was markedly jaundiced, and in spite of the treatment, which had apparently been successful in the seventh and eighth cases, it died early on the fourth day.

The second, seventh and eighth chil-

An early symptom of whooping-cough is leucocytosis mainly of the small and large lymphocytes; 10,000 to 20,000.—L. C. Ager.

The darkest blot on the scientific escutcheon is the lingering shadow of medieval metaphysics causing division in medicine.—*Texas S.J. M.*

dren, although all suffered from jaundice for a few days after birth, are now alive and very fine children. They show no evidence of specific taint. Any suspicion of syphilis being the cause of the trouble was negated by the *post-mortem* appearances, and also by the fact that the disease, whatever its pathology, did not show any diminution of intensity after the lapse of fifteen years, but rather tends to a more rapidly fatal issue.

#### THE CONTROL OF PROSTITUTION AND VENEREAL DISEASE.

Those who are opposed to the sanitary control of prostitution will find some food for thought in the recent statistics published by M. Muller (*Munch. Med. Wochen*, No. 42, 1905) on the garrison at Metz. Metz has only 80,000 inhabitants and a garrison of 24,000. Venereal disease is very carefully looked after in the German army and painstaking records are kept of every case. While before the regulation of the prostitutes, by subjecting the secretions to microscopic examination, the percentage of gonorrhea was about 25 per cent, it has fallen down to 12 percent since the introduction of microscopic examination. The number of cases of syphilis has not varied materially in the last ten years, averaging about 4 per cent.

#### A SUGGESTION IN THE TREATMENT OF SYPHILIS.

As syphilis is now beginning to be regarded as a protozoic disease, Dr. M. Kahane of Vienna suggests that the same remedies which have proven useful in

the treatment of other diseases due to protozoa should be employed in the treatment of syphilis. Those remedies are: quinine, arsenous acid and methylene blue. [Not an unreasonable suggestion, *provided* we use them only as adjuvants, and not to the exclusion of mercury.—W. J. R.]

#### BALZER'S FORMULA FOR SOFT CHANCRES.

Zinc chloride .....1 part  
Zinc oxide.....9 parts  
Water, just sufficient to make a paste.  
This is applied and left on for twenty-four hours.

#### ACUTE SEPTIC PEMPHIGUS.

Dr. Geo. W. Cray (*Jour. Cutaneous Dis.*, Jan.) reports the case of a newborn infant in whom on the third day the temperature suddenly rose to 104° F. and then rapidly fell to a little below normal.

Physical examination of chest and abdomen elicited only negative signs, and the umbilical stump appeared to be perfectly healthy. Two days later, on the fifth day after birth, an eruption of vesicles appeared upon the left cheek, near the angle of the mouth. The vesicular eruption spread over the face, neck and chest and bullae appeared under the arms. The bullae were flaccid, remained but a short time, leaving after their rupture large areas of skin denuded of their horny layer. The process continued until the lower face, neck, anterior chest-wall and anterior surface of arms were involved. The child died 18 days after the first appearance

Health Officer Tabor of Texas was presented \$1000 and steamship transportation to Europe by appreciating fellow citizens.

*Bon voyage*, Tabor, we wish our neighbors wanted to get rid of us for a season as badly as yours seem to.

of the skin lesion. During the time the temperature continued only moderately high.

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### MERCURY BY THE RECTUM.

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In some cases where the stomach is too intolerant against mercury, this drug may be administered in suppositories—either in the form of blue ointment or gray oil. That the mercury is absorbed by the system, there can be no doubt, for the mercury can be demonstrated in the urine and the patient is often readily salivated.

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### WHEN SHOULD WE START TREATMENT IN SYPHILIS?

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The treatment of syphilis as given in your February number, stimulates in my brain, a few thoughts which if you see fit to publish, I will gladly subscribe my name.

On page 55 of *Venereal Diseases*, by Sturgis and Cabot, 7th edition, I read: "Constitutional Treatment, whether internal or external is better not employed, save in exceptional cases, until the subsequent (secondary) symptoms appear."

This same teaching we can read in other medical books; and who as medical student has not heard the same from the lips of his respected professor, and now like the parrot, without stopping to reason, deals out the same statement and treatment to his patients?

The absurdity of the above quotation should make itself apparent to a thinking mind. First, the incubation period for the initial lesion is ten to thirty days. Has there not been a systemic invasion

of the virus of syphilis at this time, the first noticeable manifestation being the chancre? If so why wait with the systemic treatment until the system is bubbling over with it and forcing its way through the skin?

Is it not apparent to all observers that there is a steady onslaught from the very day of the infection? Then why wait for its full power of destruction before beginning treatment; why not prevent the progress beyond the initial lesion, which can be done, beyond perhaps a slight falling of the hair, which will not be enough to attract attention?

Can the medical profession lay claim to a place in science, when it will stand aside and wait for disease to progress until they can name it, and then throw a specific at that name ignoring the difference in temperament, quality and resistance of the patient, and then use a medicine (mercury), blind to all its influences except as it fades the outward picture of syphilis. It is said by writers that 75 to 90 per cent of all cases of tabes dorsalis cases are due to syphilis. Did anyone ever ask the question how many are due to the treatment (mercury)? The patient is looked over, his reflexes tested and found dead; quickly comes the question: did you ever have syphilis? never the question, did you have mercury treatment?

In a number of years' close association with my old friend, Dr. Louis Pagin, now dead some years, and in a number of patients treated by myself, I have never seen any of the symptoms beyond the initial lesion, excepting in a few cases, a slight falling of the hair.

I have two cases now under treatment; the only trouble is to keep these patients

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Here's that opening, Doctor: the *Medical Record* says something like 3,000 physicians will be needed in the Philippines.—Goodbye!

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There is no objection to sections devoted to massage, homeopathic or eclectic pharmacy and therapeutics.—*Texas State M. J.*

under treatment, as they have had other syphilitic picture before their eyes, what they could expect; such symptoms not appearing, causes them to think that they did not have the disease.

I have no specific for syphilis, but feel that we have in the vegetable kingdom and perhaps taking iron from the mineral, a wide and sufficient field to choose from, and remedies that cure and leave no blemish behind. I do believe that the reverse of things will come to pass as to the treatment of this disease, and mercury will lose its place.

E. E. HALL.

Chicago, Illinois.

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We take pleasure in printing the above, not because we agree with it, but just because we don't. As to the time of commencing constitutional treatment in syphilis. This question has been discussed times without number. The reason the majority of syphilologists zealously oppose the commencement of specific treatment before the appearance of an eruption is a very simple one. It is this: We are able to say *with absolute certainty* whether a lesion is a chancroid or a chancre. In spite of the many differential diagnostic points, there are numerous cases in which the most skillful diagnostician is unable to determine the character of the lesion; and it is a very serious matter to subject a person to a course of antisyphilitic treatment for a period of three or four years, without being absolutely certain that that person is really suffering from syphilis. The editor of this department would not like to have such a thing on his conscience. It is, therefore, considered best on the

whole, in the interest of the patient, to wait until the roseola makes the diagnosis positive and then to proceed vigorously. Our conscience is then clear and we have not to lie awake nights with a sneaking suspicion or fear, that perhaps the patient whom we have been dosing with mercury and iodides really never had syphilis.

And *vice versa*. You saw a case which you *thought* was a specific chancre. You administer a little mercury. This prevents the appearance of any secondary symptoms. The patient begins to doubt that he really has the disease. You are not so very sure of it either. *You can't be sure*. The patient stops treatment. You do not feel justified in urging him to continue it systematically, and in ten or fifteen years that same patient may appear with gummata of the bones, gumma of the brain, etc. No, syphilis is a disease in which it is better to be *sure* before you start in on a course of treatment. If specialists who see from one to five thousand new cases every year think it is best to do so on account of the uncertainty of diagnosis, then the general practitioner who may not see five hundred cases during a lifetime should certainly do likewise. Of course there is a certain percentage of cases where the diagnosis is positive from the very beginning and in such cases we are justified in starting our specific treatment at once. As to the value of mercury in syphilis, it is "too late in the season" to begin to question it. As to mercury causing tabes dorsalis, we see some of the worst forms of the latter disease in syphilitic patients

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One great difficulty the clinician encounters is that of convincing people they are growing old.—*Medical Age*.

Epilepsy is the strangest disease in human history. It stands incomparably alone.—*Spratling, Medical Record*.

who had no treatment at all or very irregular and slipshod treatment.—Ed.

### TUBERCULOSIS OF THE GENITO-URINARY TRACT.

Dr. G. W. Hawley has a good article on the early diagnosis of the disease in *Northwestern Medicine* (January). He summarizes his conclusions as follows:

1. In all cases of hematuria (especially transient hematurias of doubtful cause) always bear in mind the possibility of tuberculosis.

2. Every cystitis, not due to the gonococcus or infection from without, should be held suspicious of tuberculosis and be subject to careful observation.

3. All suspected cases should be subjected to thorough and repeated examinations.

4. Until a positive, simple method is at hand for identifying the tubercle bacilli in the urine we are not warranted in claiming their presence, except when found in large numbers, unless we have taken steps to procure a urine free from smegma bacilli.

5. In all suspicious cases evidence of tuberculous lesions in other parts of the body should be sought.

6. When the *slightest* doubt remains concerning any case the tuberculin test should be used.

7. A diagnosis is never complete until the source of infection has been traced.

### PHIMOSIS AND STONE.

In the course of fourteen months, Dr. W. M. Roshansky saw in the Samara Hospital eighteen children, ranging in

age between two and nine years, affected with stone in the bladder and urethra. In four cases the stone was in the urethra; in fourteen in the bladder. Ten of the children also had phimosis and the author believes he is justified in assuming that phimosis, in bringing about partial stagnation of the urine, is an important etiologic factor in urethral and vesical calculi.

### THE DANGER OF CORROSIVE SUBLIMATE AS A URETHRAL INJECTION.

Dr. Paul Asch calls attention (*Munch. Med. Wochen.*) to the danger of corrosive sublimate injections (1:500 or 1:1000) as used by some ignorant people in the treatment of gonorrhea. The result is a hard infiltration, which represents clinically the picture of a stricture, accompanied by a circumscribed inflammation of Littre's glands and of Morgagni's crypts. The treatment consists in painting the infiltrations with tincture of iodine, after the acute inflammation brought about by the sublimate has subsided.

### ON THE PRESERVATION OF THE URINE.

Dr. J. C. The most generally satisfactory preservative for urine is boric acid in the proportion of five grains to four ounces. Formaldehyde is much stronger. One drop of formaldehyde solution will preserve a pint of urine for a week (Ogden). If used it should not be used in a stronger proportion than one drop to four ounces or more.

Eclampsia: Parvin treated 284 cases with veratrum, mortality 8 per cent; Mangiagalli 18 cases, 17 recovering.—Gaines, *N. Y. M. J.*

Watkins says the neurasthenia of women in the Southwest is confined to blondes; brunettes bear high tension better.—*N. Y. M. J.*

# GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

## ANISE AS A GALACTOGOGUE.

THE reputation of anise as a galactagogue was mentioned by Dioscorides. (First Century, A. D.) Trousseau and Pidoux have the following to say: "Anise has a great reputation for increasing the milk of nursing women. It is possible that this remedy improves the digestion of these women, but it would be difficult to account by this for the increase of the milk in these women when the anise is applied in poultices to their breasts. But be this as it may, anise is at present not employed as a galactagogue, and what is mostly used is *Galega officinalis*, which is being specially employed since the labors of Carron de la Carriere and Madame Griniewitsch."

Dr. G. B. Burzagli of Florence publishes an article in the *Gazz. degli osped. e delle clin.*, 24 September, 1905, No. 115, in which he endeavors to reestablish the reputation of anise as a stimulant to increase the secretion of milk. His attention was directed to the subject by two veterinarians, who simultaneously affirmed that anise increased the milk of animals. One of them employed indifferently the infusion or the crude seeds, mixing them with flour or bran. The dose is 80 to 100 grams (drams 20 to 25) for cattle; 25 to 30 grams (4 1-2 to 7 1-2 drams) for swine, sheep and goats. The increase of the secretion shows itself usually on the third or fifth day, and decidedly so on the eighth or tenth day, when the treatment can be

stopped. This man observed a notable increase of four liters (4.242 quarts wine measure) per day in a cow, and equally so in a goat a constant daily increase of three to eight and nine glasses.

The other veterinarian tried the anise in nine cases of cows, and with signal success in goats. He prefers the infusion of 20 parts to 100, and gives daily of this, 35 grams (8 3-4 drams) to a cow, and 8 grams (2 drams) to a goat, daily for about six days. The secretion increases on the second day, even in animals where the decrease of the milk was owing to a previous sickness.

When Dr. Burzagli learned of these facts he made use of it in two poor young women who had not sufficient milk for their babies, the one sixteen and the other seventeen days after parturition. Kind neighbors tried to help on the cases with goats' milk, and with nursing by other nursing mothers, but the cases were distressing. Dr. B. encouraged them to try the infusion of anise, 25 parts to 1,000, and promised them success if they took of this twelve tablespoonfuls daily. At the same time he ordered to wrap the breasts in cloths wet with the same infusion. In five or six days the milk increased so that the goats' milk could be dispensed with, and the nursing mothers' nursings were limited to twice a day, morning and evening. After ten days in the one and after eleven in the other woman there was enough milk in their breasts to feed their

infants without any other alimentation.

Of course two cases only are not sufficient to establish a treatment. We may also think that a depressing state of mind operated on those poor women when they discovered that they were not able to satisfy the hunger of their little infants, and that the encouragement of Dr. Burzagli assisted her psychologically. Dr. Morfan speaks of the deleterious effects of psychologic depression on the secretion of mother's milk and of the opposite effects of hopefulness. Then the repeated sucking of the nipples by the infant tends also to increase the secretion. Yet all these are not sufficient to account for the facts in the cases described. It is certainly the part of wisdom to investigate the effects of anise in similar cases.—A. Z. L'Hardy, in *Gazette des Hôpitaux*, 1905, p. 1686.

#### SCOPOLAMINE IMPURITIES.

The subject of scopolamine anesthesia is one of the most important ones at present before the profession. Dosage and purity of scopolamine and its differentiation from hyoscyne, we trust will soon be permanently settled, and in order to give our readers the latest dictum of a first and always reliable European authority, I translate from the *Pharmaceutische Centralhalle* of December 7, 1905, by Prof. Dr. Kobert.

Owing to the investigation by Lewin and Guillery, who saw unpleasant side phenomena after the administration of scopolamine, Kobert examined to find out whether or not some admixtures of other alkaloids in the commercial scopolamine or splittings of them, are to be blamed for those unpleasant side-effects.

He relied above all on the labors of E. Schmidt and Gadamer, who demonstrated that scopolamine occurs in two forms, viz., levorotatory (active) and the inactive kind, which Hesse, curiously enough, denominated with the special name "atrosin." Schmidt and Gadamer have shown that an alcoholic solution of active levorotatory scopolamine is turned into inactive scopolamine (they call it "atrosin, Hesse"), by the addition of but a few drops of caustic soda solution. Hence it will be almost impossible to demonstrate experimentally the pre-existence of this inactive base in the Solanaceae because the use of alkalies is unavoidable in the demonstration of the bases of the Solanaceae.

Schmidt gives the melting point of genuine active scopolamine hydrobromide as 193°C. (375.4° F.) and for the "feebly turning," hence contaminated with inactive scopolamine, the melting point from 180° to 181°C. (356° F. to 357.8° F.) But the *Arznei Buch*, IV., demands a melting point of 180° C. and so causes the use not of the genuine active scopolamine, but one contaminated with the inactive base (atrosin, Hesse). But according to Kobert's investigation no inconvenience arises from this contamination with the inactive base (atrosin, Hesse), since it behaves itself quite similarly to the active base; this is contrary to E. Merck's Index and other authors, or does it produce the unpleasant secondary effects mentioned by Lewin and Guillery? On the other hand a preparation received from the factory of Riedel (Berlin), and designated as inactive scopolamine produced extremely unpleasant effects, manifesting themselves by eczematous formations and

Respiratory center and heart in pneumonia very susceptible to atropine; contraindicated in early stages.—Le Fevre, *Med. Record*.

Pneumonia: In alcoholic and some non-alcoholic restlessness and insomnia only controlled by alcohol.—Le Fevre, *Med. Record*.

swelling of the eyelids. Examinations by Kobert and E. Schmidt showed that the trouble here arose from apoa tropine, since this product had a higher melting point ( $232^{\circ}$  to  $233^{\circ}$  C.= $449.6^{\circ}$  to  $451.4^{\circ}$  F.) than scopolamine hydrobromide, and derivatives from it with the corresponding derivatives of apoa tropine showed equal physical and chemical constants (numerical values which are not subject to variations).

An experiment made at the same time with chrysotropic acid to see whether contamination with it might produce those unpleasant side effects showed the physiologic inactivity of this substance. From these experiments it results that there is no guarantee for the purity of scopolamine from the melting point and the water contents alone, and that the pharmacopeia must demand an active scopolamine for medical purposes which does not turn optically less than the genuine active scopolamine, according to E. Schmidt. This will exclude the harmless inactive scopolamine as well as the extremely dangerous apoa tropine.

The objections of Hesse to the results obtained by Kobert, Schmidt, and Gadammer will hardly be able to make any of them untenable. The comparison especially between Kobert's observation of the effects of apoa tropine with the diseases which are said to occur among the masons of Berlin, as Hesse likes to make, can hardly be taken seriously.

I regret not to be able at present to give an explanation of the local allusion.

#### SCOPOLAMINE IN OBSTETRICS.

The application in obstetrics of the much talked of scopolamine has no doubt

occurred to many of our readers. And it is in place to let us hear of the clinical experience of our brethern, more so since we cannot have the experience with this active principle in obstetrics on brutes in our clinical laboratories. I am glad therefore to give our readers the following translation of an article from *La Presse Medicale* of Saturday, November 18, 1905, p. 749.

The use of scopolamine as a general anesthetic has become for some time a surgical practice, although not without controversy. We have personally had recourse to it with success, and lately in a severe case of contracted pelvis where pubiotomy became necessary.

Even outside of severe cases of dystocia we have adopted it largely in our practice, to give this anesthetic to deaden the parturient pains.

In all cases of accouchement, when I foresee that the duration will exceed one hour, and when the pains are severe so that the parturient woman accepts or demands an anesthetic, which is the case with most primiparæ, I give now scopolamine by preference. If necessary I repeat the dose after three to six hours, and I have given at times even three equal injections consecutively every six hours without any inconvenience. When the patient awakes after a continuous sleep of twelve or eighteen hours, I have always noticed that the awakening was cheerful, normal and altogether satisfactory. In a series of fifteen cases treated in this way I met with no complication on the mother's part that I could not attribute to scopolamine. At most it may be that the period of expulsion was somewhat retarded. But as to the dilation of the uterine neck this anesthetic

Pneumonia: Have watched aconite, veratrum, even antimony, at onset; surprised at controlling effect on heart.—Le Fevre.

Pneumonia: I use aconite where the cardiac rate and power are out of proportion to the other symptoms.—Le Fevre, *Med. Record*.



seemed rather to favor it. On the part of the fetus I am not so positive. It has seemed to me, that when the parturition terminates while the mother was under full influence of scopolamine sleep, the child arrives on the outside somewhat stupified. In twenty-five per cent of the cases I was obliged to arouse the initial act of respiration. And what struck me in these cases was, that here brisk movements did more to stimulate the respiratory centers than artificial respiration, rhythmic traction of the tongue, etc. We have here, in fact, the characteristics of the generally scopolaminized, more sensitiveness to noises and external shocks than to the bistoury or internal excitants.

I believe also to have noticed in the newborn a slight pupillary dilation, and yet the globe of the eye did not turn upward as is ordinarily the case. And another contradictory fact here, to that which we know of this strange alkaloid, is, this anesthetic sleep (the stupefaction of the child mentioned above) is of short duration, so that in sixty or sixty-five minutes nothing more is seen of it.

Lastly, I noticed in the last confinements in which I used this active principle, that it was difficult not to say impossible for me to provoke active movements in the child by external shock or otherwise as long as the mother was narcotized. The same which I remarked above, that however awake the child was after being born, it was less agitated and seemed to be less sensitive than is usual, during quite a long time.

From what was said here above and what I know from personal experience, I am led to the conclusion, that this

agent has an elective moderating action on the respiratory center. In adult scopolaminized persons the respiration is always slow and profound, and it seems difficult to explain that the cardiac pulsations are at the same time accelerated. And yet from a practical point of view I am inclined to think that if there is here any danger it would come from the respiration rather than from the circulation.

I always give the hydrobromide of scopolamine hypodermically, gr. 1-50 combined with morphine (sulphate, or hydrochloride, indifferently which), gr. 1-5. I wish also to remark, that in all cases where I administer scopolamine I terminate the accouchement with forceps or version and give every time at first a few drops of chloroform.—*Laurendeau.*

#### SUBLIMATE IN OBSTETRICS.

Toff of Brailo warns against incautious use of sublimate in obstetrics by physicians and midwives. Symptoms of poisoning may appear from the bowels and the kidneys, while there may be none from the mouth. If these are disregarded and the washings with the sublimate are continued there may ensue great danger for the woman. Temperature and acceleration of pulse may give the impression of a puerperal infection, and the trouble will become still greater when under such false apprehension recourse is had to intrauterine injections. Albumin can be detected in the urine, and also traces of mercury. When the sublimate is stopped the fever and albuminuria diminish. The sublimate should not be used unless urine is free from albumin.—*Wiener Medizin, Wochenschr.*

**Pneumonia:** I believe that aconite is much safer to use than we have lately been led to believe.—*Le Fevre, Med. Record.*

Pneumonias most frequently kill by cardiac failure, respiratory insufficiency, or pulmonary edema.—*Le Fevre, Med. Record.*

# MISCELLANEOUS ARTICLES

## TREATMENT.

IF the average physician were asked "What diseases cause you most trouble and yield least readily to treatment?" he would probably say, "coughs, colds and dyspepsia." Definite diseases, such as pneumonia, nephritis, typhoid or infectious fevers, are, after a time, readily recognized and under proper treatment usually pursue a definite course. The patient who is well today but presents tomorrow a certain group of symptoms will in the majority of cases respond to definite therapeutic measures; but the individual who comes to the office with a racking cough or a persistent "cold" is quite apt to reveal no sign of distinct involvement of the lungs or other organs, the most active percussion and palpation eliciting nothing which sheds any light upon the origin of the symptoms complained of.

An acute bronchitis or coryza does not require very great diagnostic skill; the patient can tell what he has, without ever asking the doctor. Nevertheless just these conditions sometimes baffle the therapist, persisting despite copious draughts of hot "teas," cough syrups and liniments and finally assuming that most puzzling form of all, "recurrent cold" or "chronic cough." A glance at any text-book or work upon diseases of the respiratory tract will serve to illustrate the infinite variety of "coughs," hysterical, dry, nervous, summer, winter, senile, etc., etc. Adding these to the various forms of cough which accompany, as a legitimate effect, recognized diseases of

the lungs or upper air passages, it is evident that the intelligent treatment of "cough" is not the most easy thing imaginable. Still, if he takes the time and pains *to go to the bottom*, in nine cases out of ten the case will yield to the remedies given.

Undoubtedly an experienced diagnostician will often be able to find the *fons mali* but the practitioner hesitates to take the time to make a minute examination of the thorax and larynx whenever he is asked to "give me something for this cough of mine." After satisfying himself that the symptom is not the result of any definite and "named" disease-process, and that the patient is in other respects well, he is apt to prescribe some favorite cough-tablet or syrup (containing nine times out of ten a salt of opium) and leave Nature to finish the cure—for the time at least. Unfortunately some of these coughs refuse to stop and the patient, after exhausting the formulae of Doctor No. 1, seeks the advice of Doctor No. 2. He examines, finds nothing very distinctive, and gives another formula; results are about as they were before, and so he goes through his stock of cough remedies and Doctor No. 3 gets the case. Year after year this sort of thing continues till everywhere there are physicians who believe that there is a type of chronic cough which will not be cured.

This is not correct. Cough is a positive symptom of the existence of some

pathological condition and it behooves the physician to find out where and what it is. There may be no distinct involvement of the lung tissues but the smaller bronchi may be the seat of inflammation, or even of infection. The most careful auscultation may fail to detect anything abnormal; and even when the larger bronchi are quite seriously affected the same thing applies. To give opiates, without knowing that they are indicated, is, to say the least, poor practice. Infinitely better it is, in such obscure cases, to exhibit such drugs as will improve circulation, hasten cell-repair, adding to these antiseptics which we know are eliminated chiefly via the lungs. To relieve stasis, improve local nutrition, and destroy low-grade bacteria or spores, while relieving enervation and insuring elimination of secreted matter, is surely scientific?

Because we do not know (and sometimes cannot possibly find out) just *why* the patient coughs, we have no right to abandon rational therapeutics and by obtunding sensation and paralyzing function put an end to the effort Nature is making to expel offending matter, or to acquaint us with the fact of the existence of an irritation.

It might be well to consider, briefly, the conditions which prevail when an otherwise healthy patient contracts a "cold." Invariably there is congestion, then inflammation and consequent cell destruction with a more or less profuse secretion of serum which may be changed and modified by bacteria or admixture with morbid material. Congestion may be so intense that blood may be voided with the discharges as in severe pharyngitis, tonsillitis and pneumonia, etc.

If we have a coryza there is first a profuse out-pouring of an almost clear serum; later the discharge becomes thick and muco-purulent. Small vessels may rupture and the secretion will then be blood-stained. If the respiratory tract is involved (acute bronchitis) we find fever and pain and the patient voids a viscid whitish material; later, as repair sets in, this may become thin. Cough is present from the first—an evidence of *irritation*. The patient with a true coryza does not *cough* and the victim of acute bronchitis does not have a profuse discharge of the products of inflammation from the nose. Occasionally the two conditions coexist, but even then the evidences of two areas of inflammation are apparent.

The less-observant clinician might argue that a distinctly local process requires local treatment, but in either case we shall find more or less systemic disturbance; in fact, were there not some constitutional derangement—some "crack in the wall"—there would be neither coryza nor bronchitis. The more careful therapist will, as a first step, insure general functional activity; he will relieve the system of waste matter; he will see that a full supply of normally resistant blood is carried through the vessels of the affected area and then, by proper local and general medication, will meet the exact condition which he knows to exist.

For known inflammatory disorders of the respiratory tract we have precise and dependable remedies. In acute congestions (after a preliminary clearing of the bowels with a mild mercurial and salines) give aconitine to reduce arterial tension and lessen nerve irritability (al-

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Pneumotoxin does not cause as marked weakness of the left ventricle as of the right; which also has an added burden.—Le Fevre, *Med. R.*

Pneumonia: We must consider with the heart weakness that of the vasomotors; with heart palsy that of vasomotors also.—Romberg.

ternating possibly with atropine to flush the capillaries) and, in some cases, to reduce excessive secretion, calx iodata for its marked alterative and antiseptic action (the iodine content being partly excreted via the respiratory tract while the lime affords the cell necessary reconstructive material). Nuclein to increase the *resistance* inherent in all living blood (thus enabling the system to destroy by natural processes invading bacteria) and, finally, to insure their immolation, calcium sulphide in small, oft-repeated doses.

If it is indicated, quinine arsenate should be added, this salt proving, in very small doses, as effective as large quantities of the sulphate. Moreover the arsenic effect is especially desirable in such cases.

Should there be debility, digitalin and strychnine may be added; the latter drugs are usually indicated wherever it is necessary to push aconitine hard to produce the effect desired. If the case be one of *coryza*, local cleanliness will be important; the irritated mucosa should be kept free from discharges and soothed by the application of alkaline antiseptic solutions. The old Seiler formula is excellent; so, too, is a solution made by dissolving one of the menthol compound tablets in from six to twelve ounces of water. Solutions should be used with a douche; sprays, as a rule, are to be avoided.

Sthenic cases, with full bounding pulse, are best controlled with veratrine, this drug being substituted for a time (or throughout) for aconitine. Not infrequently veratrine, gr. 1-134 every half hour till the pulse softens, followed by aconitine (gr. 1-134) every hour or two,

will prove promptly abortive. An excellent "routine treatment" in any case of "acute cold"—whether of nose and throat, or bronchi—is calomel, podophyllin and bilein comp., containing calomel, gr. 1-6; podophyllin, gr. 1-6; bilein, gr. 1-12, and strychn. arsenate, gr. 1-134, one every fifteen minutes till four doses are taken, followed in one hour by a full teaspoonful of effervescent sulphate of magnesium, giving also, hourly from the first, aconitine (or veratrine), gr. 1-134; atropine, gr. 1-250; quinine arsenate, gr. 1-6; every half-hour if secretions are profuse, calcium sulphide, gr. 1-6 to 1-2; and every two hours calx iodata gr. 1-3 to gr. 1 and nuclein gr. 4 to 6. The dosage suggested is but relative and, with the treatment, should be modified to fit. Few will require all, some may; but in the hands of the skilled physician, if the patient is kept in a warm even atmosphere, and the nares and fauces are cleansed frequently, under this eliminative, antidotal and supportive plan, twenty-four to forty-eight hours will see normal conditions reestablished.

Liquids should always be restricted. Hot foot-baths are always beneficial and the head and throat (and even the thorax) may well be sponged with a tepid solution of magnesium sulphate, one ounce to the pint. If the secretions are scanty and viscid, and there is much useless cough, atropine should be omitted and emetine or lobelin substituted. It should be remembered that calcium sulphide will tend to liquify secretions but it will not aid in their expulsion. Scillitin or sanguinarine are both stimulant expectorants and either may be given in alternation or conjunction with

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Pneumonia: Loss of vasomotor control is the chief danger; this harmonizes many discordant opinions.—Le Fevre, *Med. Record*.

Pneumonia: Lost arterial tension lets blood into veins, incomplete filling arteries, distends right auricle.—Le Fevre, *Med. Rec.*

one or more of the above remedies.

In some cases apomorphine in small oft-repeated doses will act better than anything else.

Clinical experience coincided with the theory that sanguinarine acts more pronouncedly upon the bronchi and upper respiratory tract, lobelin, emetine and scillitin affecting the bronchioles especially. In *capillary bronchitis*, for instance, if brucine and cactin are given to counteract the general depression, lobelin will often speedily relieve the little patient of the secretions which have gathered and refuse to be ejected. Scillitin and lobelin may well be given together in such cases. Sanguinarine is, without question, our best "expectorant" in cases of "winter cough," which is especially apt to affect the aged whose bronchi are lined with a chronically engorged mucosa. Enervation plays a great part here and strychnine (or brucine) with sanguinarine and calx iodata will often effect a cure in a marvelously short space of time. It is well to insist also upon the use of slightly astringent gargles and nasal douches.

It should not be forgotten that many "coughs" are due to relaxation—enervation; as a matter of fact the great majority of the obscure coughs and colds we started out to discuss are due to this condition. Here, marked tonic and alterative treatment is called for. Do not use opiates unless it be imperative to obtain rest, and then only temporarily. Get the liver, kidneys and skin in a normally active state; see that you have no nasal growths or septal deviations to deal with; examine the throat and if nothing abnormal is present treat along these lines: Calx iodata, gr. 1-3 to 1

four times daily; helenin, eupurpurin and hydrastin, gr. 1-6, every four hours; strychnine hypophos., gr. 1-67, prior to meals; and aid digestion (and consequently nutrition) by giving papayotin, gr. 1-3, after eating. If you fear infection push calcium sulphide to saturation, holding the system saturated for a week. Morning and night have the patient take ten drops of nuclein "dry" on the tongue.

By these simple measures you can promptly cure nearly every "recurrent" cough or "cold." And with good tonics (the triple arsenates with or without nuclein are among the best) and proper personal hygiene hold them cured. A sponge bath twice a week and a change of underwear at night should be insisted upon. The subject is too vast to be satisfactorily dealt with in a paper of this length but, if you will remember that acute "colds" or coughs require decongestant, alterative, eliminative and germicidal measures, together with proper support of the normal vital forces, you will have no difficulty in outlining a proper and speedily effective treatment. Chronic conditions will require more care; the deteriorative changes in one case will not exist in the next; but if, after careful examination, nothing definite can be discovered and a *cough persists*, stop trying to drown the symptom, improve the systemic tone and you will cure it.

The "coughs" which attend pneumonia, phthisis, bronchitis, pleurisy, etc., will cease when the pathological conditions, causing the symptoms, are remedied; and so, as a matter of fact, will *every* cough; the intelligent therapist therefore will never treat a cough itself as an entity, but will invariably either

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Pneumonia: When peripheral resistance is too low on arterial side, glonoin only makes it lower.—Le Fevre, *Med. Record*.

Glonoin only indicated in high arterial tension with fast heart, as atheroma and nephritis.—Le Fevre, *Med. Record*.

find and relieve the immediate cause or failing to discover the latter, treat the patient himself and, by securing return to normal systemic conditions, preclude the possibility of a symptom of a pathological process from presenting.

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### **PNEUMONIA AN ABORTABLE DISEASE.**

Pneumonia is a self-limited disease and is inherently an abortable one. The forces that limit the disease are the abortive forces. Sometimes without aid—that is without treatment—these forces will succeed in limiting the disease so that recovery takes place before congestion can carry it to the stage of engorgement, and then it is called “abortive pneumonia;” or if the disease continues, it will be held up again at a point further on, in the effort to terminate it by resolution. This the unaided forces sometimes accomplish but they often fail. The first should be called aborting the disease early, and that by resolution aborting it late, for if the disease is terminated here the patient is likely to be left in a good condition; but if it continues he will be left in a bad condition, if he escapes death. Properly assist the forces and the favorable termination will be much hastened and rendered very certain, in fact a majority of the cases will be terminated in the first stage, they will be aborted early; or failing in this, resolution will be much hastened, and made certain with the patient having escaped many of the pathological changes incident to its further progress and the consequences thereof.

Who will say, “Pneumonia cannot be

aborted or cut short by any known means at our command.” “It is the nature of the disease to run a definite course uninfluenced by treatment. We must guide our patient through the illness, without the institution of measures to shorten it”?

When we think of diseased conditions and think of the physiological effects of drugs and other remedial agents and their modifying effect on pathological conditions, we stand aghast at these enunciations and feel that there is narrowness somewhere or a deplorable limit to human perception.

We know that antiseptics will kill disease germs, and often prevent disease, and failing to prevent that they will modify by lessening the number and virulence of the germs and, even after the germs have found lodgment, will inhibit their multiplication and thus aid the protoplasmic activities of defense, thereby hastening a favorable result.

We know the beneficial effect and power of aconite and its alkaloid, aconitine, in restraining and lessening congestion and preventing inflammation, often stopping the course before engorgement supervenes. We know that digitalin is active primarily on the valves and on the inhibitory nerves, will strengthen and increase the contractile powers of the vascular fibers of the heart and blood vessels and especially of the arterial system, and in this way will help the heart and will contract the arterioles and prevent stasis with its consequences, among which is the nesting of their germs. The blood current kept moving, the protoplasmic activities are kept at work and a favorable result hastened.

Furthermore, Maragliano tells us, that

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Pneumonia: Chief effort toward eliminating toxin and combating its effects on different organs.—Le Fevre, *Med. Record*.

Pneumonia: Catharsis, diaphoresis and diuresis should be judiciously used from the very beginning.—Le Fevre, *Med. Record*.

digitalis has a direct and specific action, that it will kill pneumococci and neutralize their toxins; and he states that this is the reason of the great tolerance for digitalis in pneumonia. I give digitalis from the beginning, not waiting for symptoms to indicate it, for I not only believe that its tonic action will anticipate and avert cardiac and vascular troubles but I am convinced that Maragliano is correct in his statements regarding its specific action.

When there is venous engorgement, veratrum is the remedy. When there is obstruction to the venous capillary system as shown by the dull leaden complexion and the full bounding pulse, veratrum or, better, veratrine will meet the indications and have a happy effect.

If hepatization has supervened, salicylic acid will promote the absorption and elimination that will get rid of the exudate and thereby hasten resolution.

Early in the seventies I had a number of cases of ague and in their treatment for the chill I gave spirit of chloroform with very good effect. Having considerable pneumonia at that time I gave it in the cold stages of that disease and soon found I was inhibiting the disease, in fact aborting it. I have continued to give spirit of chloroform since with excellent results. I will give the following as an illustrative case:

June 2, 1872, man age 35. Had just emerged from a chill that had lasted over an hour, expression anxious, face deeply flushed, pulse 115, skin dry, and hot, fever high, cough short, dry, hacking, and distressing. He complained of considerable general pain and of distressing pain through the chest. There was increased vocal fremitus and resonance. No

dulness. Diagnosis, pneumonia. I gave twenty minims of spirit of chloroform every fifteen minutes for six doses and afterward every hour. In two hours the pain left him. By evening, twelve hours afterward, the cough had left him and he was comfortable. Next morning he felt all right, but weak. Case dismissed.

I do not know how to explain the favorable action of spirit of chloroform on pneumonia, but since a portion of it is eliminated, unchanged, by the kidneys, possibly it has a direct paralyzing effect on the disease germs. The portion that is broken up may eliminate chlorine, to act as an antiseptic. The stimulating action may have some value by hurrying the blood current and rendering the forces more active. However this may be, I will say that I have so often obtained results similar to that in the case here given that I have come to have great faith in its powers to abort or inhibit the disease, and one of my objects in writing this paper is to bring forward this as a remedy in pneumonia. Only early in the disease does it seem to exert its specific effect. After hepatization has supervened and a stimulant is needed I much prefer ammonia.

It was sometime after I discovered the beneficial effects of spirit of chloroform that I learned the great beneficial effects of aconite and of digitalis and it was much later when I learned to differentiate between digitalis and veratrum. I have repeatedly aborted pneumonia with aconite alone, but spirit of chloroform and it combined have been almost invincible in my hands and with digitalis added, the combination is most powerful in beneficial effects. I always give digitalis (digitalin) from the beginning, added

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Pneumonia: After calomel and saline too little attention given the eliminating power of intestines.—Le Fevre, *Med. Record*.

Pneumonia: Unless contraindicated use saline cathartics freely during early days of the disease.—Le Fevre, *Med. Record*.

to the other two for reasons already given. I do not give strychnine until I see or can anticipate that the patient needs sustaining, and my preference is the strychnine arsenate.

If the disease progresses and the pulse becomes full and bounding and especially the patient loses the red flush and takes on the leaden complexion indicative of nervous engorgement, then I dropped digitalis and gave veratrum with the most happy effect. When hepatization has taken place, salicylic acid will favor elimination and promote the absorption that will get rid of the exudate and hasten resolution. Its eliminative effect by the skin is very beneficial, besides it liquifies and favors expulsion of the sputum and allays the rheumatoid pains to a gratifying extent.

If I can get to a case early I confidently expect to abort it with the first three remedies, providing the case is not gravely complicated and even then I expect to favorably modify its course. But we do not always see our cases early; sometimes they will be considerably advanced and the progressive changes are so rapid, that it does not take long. Then we must meet the changes as they occur and treat the conditions that are present. Other remedies may be needed than those mentioned. The condition of the heart may need atropine, glonoin and adrenalin. and often ergotin will prove invaluable as the best equalizer of the general circulation that we have.

I have been greatly impressed with the account of the massive doses of quinine given by Dr. Galbraith in what he calls his "method of treatment." Early in my practice I was for a short time in the Southwest where I saw a number of

cases of pneumonia of very low type, that were almost invariably fatal and for which I fear that the treatment I am using here would have been of but little avail, but I feel that Dr. Galbraith's treatment might have saved them.

Here in northwest Pennsylvania the patients do not seem to stand quinine well. I have a patient at this writing who with eighteen grains, two-grain capsules taken every two hours, self-administered before I arrived, became so deaf that it was difficult to make him hear, and he showed some other symptoms of quinism that were unpleasant, though the effect on the disease was beneficial. More experience might change my opinion but with what I have had I feel that the treatment will not be invariably adaptable but would be particularly so in his latitude, where he has accomplished so much with it, for his results are wonderfully good and he deserves our gratitude.

In treating this or any other disease successfully we must treat conditions. I vary the treatment in accordance with the conditions as they vary, in accordance with the habits of the individual, the environment or climatic conditions of place incident to latitude.

In prescribing I, of course, use the active principles. I would sooner give powdered cinchona or powdered dog button in place of quinine or strychnine than give tincture of aconite or extract of digitalis in place of aconitine or digitalin, for there are fewer antagonisms in their constituents and they would be more reliable comparatively.

I wish to emphasize the distinction I have made between digitalis and veratrum. We not only should use the ut-

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Pneumonia: Produce sweating by external means if toxemia is urgent; same means as in acute uremia.—Le Fevre, *Med. Record*.

Pneumonia: Diaphoresis not indicated unless toxemia profound and enough kidney action cannot be secured.—Le Fevre, *Med. Rec.*



most precision in the administration of our remedies as to indications and requirements, but we should be even more careful to give them within limits.

When I think of the thirty to forty per cent mortality as stated in our general records for pneumonia and consider that it is only from two to five per cent under rational treatment, such as has been set forth by contributors of the CLINIC, I get out of "all patience" with the nihilist and feel that the physician who will allow a patient to die without having resorted to those remedies that have been brought to notice and shown to be effectual by reputable physicians should be held for malpractice just as surely as the surgeon who had neglected to resort to known appliances that had been used with good effects and permitted a bad result in case of fracture.

JOHN R. McCARTEY.

Fredonia, Pa.

### HE "JUMPED IN WITH BOTH FEET."

I want to add my strongest endorsement of your alkaloidal treatment of pneumonia. I am using it every day with the best of success. When I began using the alkaloids I did not start with one foot but jumped in with both feet and like Lot, "never looked back." I will give you a brief and poor account of one or two of my early cases of pneumonia.

I was called to see a child six months old with catarrhal pneumonia. I gave calomel and saline and dissolved my granules in a glass and started in. The child did not improve and I concluded that they were no good and tried my old treatment. Still the child didn't improve

but was constantly and rapidly growing worse. I noticed that the mother spilt more medicine outside than she got in the child's mouth, and that she did not give the baths as directed, nor do anything else as it should be done; so I told her she would have to get a nurse or she would lose the child. We got a good nurse and I measured out the little granules again. Child's temperature was now 104°F.; pulse 140; respiration 36. By the third day, temperature, pulse and respiration were normal. The fourth day I dismissed the nurse and the fifth day the little patient was well.

One Sunday afternoon I was called for the first time to see a girl fourteen years old. Both lungs were fully congested, temperature 104° F. pulse 150, respiration 40 per minute and severe pain at every breath—so severe she could not cough without screaming. I gave her the alkaloidal treatment with hot antiplogistine and a cotton jacket over the chest. Pain was relieved in thirty-six hours, fever gone on the third day and the fifth day I dismissed the patient. I could duplicate these as often as you would want but think this is sufficient.

One more to prove the necessity of thorough cleaning out and cleaning up. I was called to see a little boy six years old suffering with congestion of both lungs and high fever. I put him on alkaloidal treatment but could not get his bowels to respond to anything and his fever continued to go higher and he became delirious after several days. Calomel, castor oil and even saline laxative, the way they gave it to him, had no effect on the bowels, at least not the desired effect. So I made a pint of

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Pilocarpine is dangerous in pneumonia; use freely ammon. acetate, pot. citrate, and hot wat r.—Le Fevre, *Med. Record*.

Pneumonia: Renal elimination chief reliance; nearly every case has albuminuria, indicating kidney irritation.—Le Fevre, *Med. Rec.*

lemonade and put a tablespoonful of saline laxative in it and told him to drink all he could and continue at intervals until he had drank all of it. Next morning when I called he was on the stool and bright as a new dollar and everything was coming our way. He went on to a speedy recovery.

I think calcium iodized the greatest iodine preparation I ever came across and would not be without it. May you live long and prosper.

E. R. MONTGOMERY.

Louisville, Ky.

—:o:—

Bravo for the man who goes into a thing with "both feet." Put heart and soul into your work, master all the details so necessary to success, and you will win out every time. That is just as true in medicine and especially in alkaloidal therapeutics as in anything else, as Dr. Montgomery can tell us. These cases of pneumonia illustrate what can be done by going about things in the right way. Strange, isn't it, that there are still so many men who won't try?—ED.

#### **PNEUMONIA: ITS TREATMENT, PREVENTION AND ABORTION.**

Pneumonia has lost its terrors for me since I commenced to use the alkaloids. I used to be almost terror-stricken when I found a case to treat, but now I do not fear it nearly so much as I used to do.

I am not going into the history or literature on the subject but tell my own experience and the way I handle the disease. I believe the physician will have less trouble with the disease, if he will

teach his clientele beforehand how to keep well and thus prevent the disease to a certain extent.

He should impress upon his people that they must not neglect a cold, no matter how slight it is. Very often a slight influenza undermines the system to such an extent, that one is not able to overcome a simple indisposition, and pneumonia is the result. This condition is particularly true in children. Many times the little one has a slight cold, a mucous discharge from the nose, is slightly feverish, and yet the child is allowed to run around, play on the floor and the first thing the parents know the child has a chill or a convulsion, and pneumonia is the result.

And now a word on the abortion of pneumonia. That I have been able to abort an attack of the disease by the use of the alkaloids is a pretty bold saying, but that I have done so, I am able to prove in a history of cases that I have had this winter. Whenever I am called to a case of pneumonia, I make a very careful examination, and satisfy myself on every point as to the extent of the disease. I note carefully the condition of the heart, respiration, pulse, its character, whether it is full and bounding or weak and irregular. I am governed entirely by the pulse as to whether I shall give veratrine or strychnine with aconitine.

I first begin by giving calomel in one-tenth grain doses at intervals of fifteen minutes until the bowels have been very freely evacuated, after which I give a large dose of castor oil. In my opinion, there is nothing in the Pharmacopeia that will take the place of castor oil. It seems to have a soothing effect that nothing else has.

**Pneumonia:** Large water elimination by other channels requires extra drinking, or urine is decreased.—Le Fevre, *Med. Rec.*

**Pneumonia:** With nausea or water-retention by stomach give saline solution enemas several times a day.—Le Fevre, *Med. Record.*

For the fever, the remedy par excellence is aconitine. And I give it until I get the constitutional effect and then I lengthen out the time of giving it as soon as the fever drops. I commence by giving one granule, 1-134 grain, every fifteen minutes and I watch the fever and the pulse very closely, and as soon as the fever begins to subside, I give it at half hourly or hourly intervals.

For children, I give one granule for every year of the child's age, plus one, in three ounces of water. If the pulse is weak, I use the dosimetric trinity, and if the pulse is bounding, I use the defervescent compound, and if the orders are carefully followed I never fail to get the result I am expecting. I do not care how high the fever is, I will reduce it by this method.

I use heroin or codeine for the pain or cough. One of the secrets of success in pneumonia is in keeping the intestinal tract clear and antiseptic. For this purpose, I use the sulphocarbolates or calcium sulphide. The latter remedy is my favorite as I seem to get better results. [Calcium sulphide is probably the most valuable internal antiseptic we have and is decidedly inimical to germ life, while harmless to the patient. Why not use it more in pneumococcus infections?—ED.]

As an expectorant, I use emetine or sanguinarine. If the patient is very nervous, I use spt. camphor with telling results. After the crisis has come, I generally use the triple arsenates and nuclein.

I very seldom give any alcoholic stimulants as I am of the opinion that they do no good whatsoever. I think a mistake is made in forcing the patient

to take food when he does not want to eat. I believe a better result is obtained if food is not given. This is particularly so in children. I believe the physician will have better success if he impresses this fact so strongly upon the mother that she will not feed the child who does not want to eat. After the crisis, and when the patient is convalescent, I advise the use of plenty of butter and cream. I never give cod liver oil. I do not believe there is any virtue in it, and I would not thank any physician for prescribing it were I recovering from an attack of pneumonia.

During this winter I have treated many cases of this disease and I have not had one death, nor have I failed to shorten the length of the disease. I also believe that any other physician who tries this method and sees that it is carried out to the very letter, will be surprised at the results, he will not be afraid of the disease as probably he formerly was, and he will not only have the satisfaction of curing his patient quickly, but have the everlasting gratitude of all members of the family.

JOS. W. MALONE.

Brooklyn, N. Y.

#### BRONCHOPNEUMONIA IN INDIAN CHILDREN.

During the last two winters, I have had occasion to treat in Indian children between the ages of 6 and 11 years, five cases of bronchopneumonia and twenty-five cases of bronchitis, of more or less severity. The symptoms in the whole series were practically the same—fever, rapid, bounding pulse, chest pain, headache, furred tongue, some cough, etc.,

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Pneumonia: Venesection early for toxemia—over-stimulation; later to reduce venous stasis.—Le Fevre, *Med. Record*.

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Disrepute to a very valuable plan of treatment by overdoing the fresh (not cold) air in pneumonia.—Le Fevre, *Med. Record*.

varying only in intensity. The physical signs usually consisted of little more than a harsh respiratory murmur with a few dry rales. In only those cases presenting evidences of consolidation did moist rales appear.

The cases were all of short duration—from one or two to ten days. All recovered. And after recovery very little cough remained.

Practically the same line of treatment was pursued in all the cases. To empty the alimentary canal from two to four compound cathartic pills were given, followed by salts if necessary. Mustard was repeatedly applied to the chest anteriorly, and between these applications counterirritation was maintained by means of camphorated oil. I did not have antiphlogistine then. Internally quinine was administered in doses of three grains every three to four hours, according to age. Some expectorant was given. The remedy mostly relied upon was aconitine. This was given in doses of 3-1000 to 1-250 grain of aconitine crystal, in solution, according to age, every one-half to two hours, the frequency depending on the height of the fever. I have personally administered 3-1000 grain of aconitine crystal to a boy seven years of age every half hour for five consecutive hours and continued that dose at hourly intervals thereafter. The effect obtained was beautiful. The pulse became soft and less frequent, the respiration easy, the temperature gradually dropped, and the signs of the disease process cleared up. As improvement became manifest the aconitine was given less and less frequently. This constitutes the history of all these cases. I have usually added 1-800 grain of digi-

taline to each dose of aconitine. I find however, that this is too much. In the case detailed above the temperature fell to 97.6° F., but returned to normal forty-eight hours later.

With a few of these cases, as I did not then have aconitine, tr. aconite was used. It was, however, given "to effect." I gave five minims tr. aconite, half-hourly intervals, to a boy of ten years. Nothing less would do the work. Aconite is an excellent remedy and the alkaloid is the sensible way in which to use it.

TOLER R. WHITE.

Parker, Arizona.

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#### ONE CASE LOST IN TWELVE YEARS.

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Allow me to congratulate you on your selection of the new name for your new journal. The conflagration, which did *not* destroy the CLINIC, seems only to have multiplied its possibilities in the new form.

I have been a constant subscriber since the founding of the CLINIC and base my success as a physician very largely on the knowledge and wisdom gained by reading it and other alkaloidal literature. How any sane person can refuse to be educated concerning the alkaloids and active principles, and at the same time continue the use of them in their unknown quantities as contained in tinctures, fluid extracts, solid extracts and other crude forms, is a problem I am not able to solve. However, I am sometimes almost persuaded that it is due in a large per cent of cases to downright laziness, since to use the alkaloids in their purity and

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Pneumonia: In most cases appear signs of general weakness or insufficiency somewhere.—Le Fevre, *Med. Record*.

Stimulation early is responsible for later failure—true exhaustion follows excessive work.—Le Fevre, *Med. Record*.

as taught by Burggraefe (and other shining lights), "to effect," requires a better knowledge of medicine, to know what is meant by "effect," than most possess.

In response to the request in the February number of your valuable journal, for something relative to our experience in the use of the alkaloids in the treatment of Pneumonia; I will answer in as few words as possible by saying, I have lost but one case of simple uncomplicated pneumonia (a very old lady past 70) in twelve years of active practice, though I have treated cases of all ages, from mere babes to those past the three score and ten.

I know this statement will brand me as a blank prevaricator by some, but thanks to the Allwise, by only those not acquainted with exact therapy. I once called in consultation a gentleman—a college professor who had made no less than four and perhaps six trips across the Atlantic in search of wisdom (and the pull that attaches to the trip abroad) and after going into detail of my treatment, naming the medicines used, he said: "Say Browning; what are these things you refer to, this cicutine hydrobromide and the others? I don't know what they are. Are they some proprietaries or what are they?" I immediately advised him that they were the alkaloids and isolated active principals that he had been using in his crude medicines, the tinctures, etc. *This man belongs to that class of doctors who will sneer at the report of a jugulated pneumonia.* Many belonging to this class know more of the alkaloids than this man seemed to know—they can tell you something of their derivation, but of their therapeutic value

they know very little, and one bad feature is, there seems to be little hope of their learning.

ELI BROWNING.

West Branch, Iowa.

—:o:—

Wait a while, Brother! They are learning.—Ed.

#### WHAT OF THIS CASE OF PNEUMONIA?

Immediately following the period of unusually mild weather which was experienced throughout this province in January, there developed a number of cases of pneumonia in this locality and several deaths occurred from this disease. My own cases numbered six which were all treated according to the following plan:

To illustrate, I enclose a chart of my worst case and append a history of the treatment thereof:

The patient was a robust girl of fourteen. Had been taken with chills the day before and when seen had a temperature of 106° F., pulse of 134 and respiration of fifty, and an examination showed consolidation of the right lung. The prognosis was considered unfavorable.

She was placed in a well ventilated room and given a sponge bath. Calomel, 1-4 grain, was given every half hour for four doses followed by half an ounce of magnesium sulphate which was repeated in smaller doses every morning.

A granule containing aconitine gr. 1-134, veratrine gr. 1-134, and digitalin gr. 1-67, was administered every fifteen minutes for four doses then every hour for twenty-four hours, after which strychnine arsenate gr. 1-134, was sub-

In a case of pneumonia I wonder if he can stand the pace, an endurance race against him, the crisis.—Le Fevre, *Med. Record*.

Indications in Pneumonia: Limit production of toxin, antidote it, eliminate it, neutralize or combat it.—Le Fevre, *Med. Record*.

stituted for the veratrine and the remedies continued, lengthening the intervals to two, three and four hours as improvement was noted. Pure water was given frequently and in abundance and, most

rise of temperature on the fourth day followed a hypodermic of 1-4-grain morphine for severe pain in the chest and illustrates the pernicious effect of that drug in checking excretories.

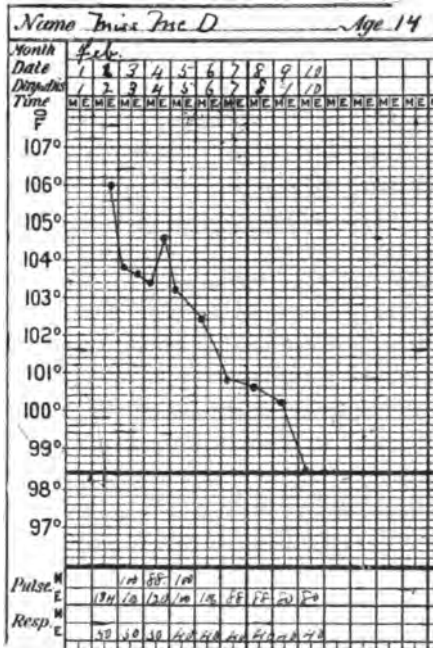
I have tried to eliminate from my treatment of pneumonia everything non-essential and to allow the patient perfect rest. Indeed, it is my opinion that the average case of pneumonia can be carried to a successful issue by rest, fresh air, starvation, water and salines, with the aforementioned alkaloids, given freely at the start to equalize the circulation.

F. C. HAGAR.

Smith Falls, Ont.

—:o:—

What do you think of this case, Dr. Doubting Thomas? Look at the fever chart, read the report and think it over. It certainly *does* look like a case of pneumonia—doesn't it? If others get results like this, wouldn't it pay you at least to investigate.—Ed.



important point, all nourishment was withheld for two days, at which time we commenced to give liquid peptonoids in two-dram doses every two hours, and after two days more a little clear soup and later on diluted milk and other light articles of diet were added as the patient's appetite demanded. No applications were made to the chest.

As to the results the chart speaks for itself. They were exceedingly gratifying, and according to all old standards, might be considered surprising. The improvement was immediate and progressive, there being no waiting for a crisis, and I have observed this point as quite common in my other cases. The

#### PNEUMONIA: AUTOTOXEMIA.

I pity the doctor—I don't care who he is—who knows nothing about the use of the "alkaloids."

I am feeling especially grateful today, in the main because I shall not need to sign the death certificate of a little two-and-a-half-year-old, that has just passed through the clutches of lobar pneumonia. This little fellow had been down with intestinal autointoxication for eight or ten days, at which time came the pneumonic invasion. Upon my advent into the case, I found a temperature of 106° F., (axillary), convulsions and delirium.

The condition of the nervous system

**Pneumonia:** All means to control pulmonary congestion have their uses and in proper cases give relief.—Le Fevre, *Med. Record*.

To act directly on the pneumococcus, antiseptics often exert a favorable influence, in special cases.—Le Fevre, *Med. Record*.

was something startling. You might as well have touched the child with a red-hot poker, as to try the sponge bath. Its stomach had refused (and properly) to retain the previously given preparations containing creosote with strychnia.

Things looked mighty blue, for the point has been reached where the physician in charge was at a standstill. I pushed all previous prescriptions aside, and wedged in upon the doctor my "alkaloids" by kindly calling his attention to Yeo's remarks upon the use of aconitine in his *Manual of Clinical Therapeutics*, in which he says:

"We do not advocate the use of aconitine generally in pneumonia; indeed, we are strongly opposed to its continued use as a routine remedy, or to more than a limited number of small doses, but given in small doses to children and young people, at the very outset of an attack, and for twelve to twenty-four hours only, we are bound to bear testimony to its remarkably good effects. We haven't seen any particularly good results following its use in adults, and we should consider its administration most unjustifiable in aged people; but it has some subtle influence, which we are quite unable to explain over many of the febrile affections of children and young people. It allays the distressing sense of heat; it calms restlessness; and it promotes sleep."

With this simple suggestion I opened up the way for my alkaloids, and placed the little fellow upon amorphous aconitine, coupled with "infants' anodyne," to bring it within my range. I applied a pneumonia jacket, and cautioned my nurse to control that child's temperature and nervous symptoms with my solutions.

As early as possible I worked in the triple sulphocarbolates, interspersed with little pink calomel tablets against the infection of the intestinal tract. Later came the necessity for the use of glonoin. I wrote one prescription for the case, in connection with the other physician, and that was for panopepton as a food.

The physician whom I was called in upon, twittingly remarked that my treatment looked to him "like shooting at a hawk with a popgun," but I stuck, and *the case he had practically given up got well!*

While I had persistently rebellious temperature to fight against, and an extremely bad tympanitic condition of the bowels, yet I could actually see my line of treatment making advanced strides every hour to complete recovery.

Doctor Abbott, I want to say to you candidly, that I believe my granules did the work, and I am reasonably sure that I have convinced one physician in my vicinity that there is a treatment for pneumonia, and I'll bet my "Stetson" that it will not be long until he will be looking up "Alkaloidal Therapeutics."

I would not have burdened you with this simple little recital, for it is an old story to you, but it illustrates the "faith within me," and may help some one else.

K. V.

—, Texas.

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'Tis a blessed burden, Brother; pile it on! Our hearts lighten with every brick.

Yeo is all right, but if he was writing today he would present a more expanded view of aconitine, the very *sine qua non* of active therapeutics. How the "faith within" does grow after one, two, a dozen experiences like this? And that

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Pneumonia: I have seen irreparable harm from antiseptics injudiciously or too long administered.—Le Fevre. *Med. Record*

Pneumonia: Quinine in moderate doses even late in the disease, does not produce any depressing action.—Le Fevre, *Med. Record*.

explains why our "family" are all optimists and enthusiasts.—Ed.

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**THE TREATMENT OF PNEUMONIA:  
ENERGETIC BUT EFFECTIVE.**

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I have noticed in some of our medical journals that the mortality from pneumonia is on the increase. I am surprised to see such statements. There is something wrong. I am afraid the profession is growing theoretical instead of practical. I have a great deal of pneumonia every year. I do not remember of ever losing an uncomplicated case in my life, and very few of any kind. All our cases here are more or less complicated with malaria. The cases I lost were old tuberculous ones, or patients who were in a dying condition when I first saw them. It seems to me I have treated the worst forms of the disease under the most unfavorable circumstances possible. Sometimes there was but one room in the house and half a dozen to a dozen in the room. I know some will doubt my statement. Nevertheless I can verify every word of it to the satisfaction of anyone who will investigate.

In the first place I believe every doctor ought to carry with him a well-assorted line of drugs, such as are needed in every-day work. I do not believe in so much prescription writing. I believe a doctor ought to give his patients close attention, in bad cases stay with them awhile, especially about the crisis, and see them safely over. I frequently stay all day or night and make such changes as may be required.

It depends upon the stage of the disease as to how to begin treatment. I fre-

quently abort an attack of pneumonia if I am called in ten or twelve hours. To abort a case I give a good big dose of morphine and atropine hypodermically, and by the mouth about seven or eight grains of calomel and three or four grains of quinine combined with Dover's powder. I have a flannel cloth large enough to cover one whole lung, or both, doubled two or three times and saturated with tallow, melted with the same amount of turpentine, applied over the lung as hot as can be borne; I have a bandage applied, clear around the chest, to hold it in place. After this treatment the pain will frequently cease, the patient will go to sleep and cough subside; he will sweat his fever off and be up the next day.

Should I not see the case until it is well developed, the patient with high fever, coughing up dark congested blood, or mucus and blood, or rusty-colored sputa, the breathing difficult, with severe pain in the lung, I begin a little differently. If the bowels have not been acted upon, I begin by giving not less than eight powders, containing about two grains each of calomel, Dover's powder and bismuth. To the first dose I add about six grains calomel and give a powder every two hours. To control the fever I give a combination of bryonia, gelsemium and aconite. If the fever runs above 102 1-2° F., I give acetanilid comp. with codeine, often enough to keep the fever down to or under 102 1-2° F. If the Dover's powder and bryonia don't control the pain and cough I leave additional doses of Dover's and a little morphine combined. To control the cough, I use the local application named above in all cases. In very bad cases I take it off long enough to give the lung a very

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Pneumonia: Lowering fever does not benefit, unless it improves nervous, cardiac and respiratory symptoms.—Le Fevre, *Med. Rec.*

Pneumonia: Sthenic cases bear systemic antiseptics better than the aged, the debilitated and the alcoholic.—Le Fevre, *Med. Record.*



heavy painting with tr. iodine, but then have the cataplasm warmed up and put back. If the pain is obstinate I have some salt heated and put in a little sack, not too heavy, and laid over the painful area.

But there is one remedy I never cease to give until my patient is out of danger. That is calomel in small doses, unless the gums get a little sore. But it is not one in ten that has a sore mouth. I keep the bowels well open all the way through the course of the disease. I sometimes give veratrum with bryonia, the two mixed; occasionally I omit the aconite or gelsemium. The fever frequently subsides to a great extent in three or four days, but sometimes, especially when the case is complicated much with malaria, the fever is stubborn for ten or fifteen days, and sometimes we have a rise of temperature to 101° or 102° F., for a week after the patient is out of danger so far as the lungs are concerned.

Now for heart stimulants. My opinion is there is too much heart treatment. Of course you ought to watch the heart and be ready to protect it. As a rule, as long as patients have fever they do not want heart tonics. I want as low blood pressure as can safely be got along with, and I want the blood to pass through the lungs with as little force as it safely can. But if the heart is weak from any cause, especially if there is high fever, better watch it and leave off everything that would tend to depress it. I prefer cactus to any other remedy, but should that not answer, add nux, or digitalis, or both. I never leave a pneumonia patient without leaving a heart stimulant composed of cactus, nux and belladonna with in-

structions (very explicit) to watch the pulse, and if he becomes too weak, or complains of smothering, or should sweat profusely, or if the breathing becomes oppressive, order a teaspoonful of the heart mixture every half-hour till the desired effect is obtained.

After the fourth or fifth day, whether the fever subsides or not, if the tongue is inclined to be dry, I give turpentine in proportion to one drop an hour, with potassium chlorate, about one grain in emulsion of acacia. After the fever subsides or becomes periodic I give quinine in small doses between periods. Of course I do not treat every case just alike, but every case according to its likeness. But I never let them go over twelve hours without giving a little calomel until I think they are safe.

Now as to feeding and I will close. As long as the fever runs high I do not care whether they eat anything or not. I never insist on patients eating but allow them to have buttermilk if they want it. There is not one in ten that wants to eat so long as they have much fever, but after the fever subsides they can take milk or soup or both with rice or oatmeal. Sometimes there is nothing on the place to eat but a little fat meat, bread and coffee, but by the help of neighbors they are nourished in a way. I think the main thing is to keep the patient as quiet as possible. Allow your patient to cough but little, fight inflammation and the mortality will decrease.

J. C. LUSBY.

Shark, Ark.

—:o:—

We give the doctor's paper, not because we approve the method of treatment which he advocates, but because we

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We now know lung changes but incidents; measures formerly found beneficial still suitable.—Le Fevre.

Difficult to tell how much is dependent on the pneumonic toxemia and what on condition of lung.—Le Fevre, *Med. Rec.*

do not. To most of us it will seem pretty severe, and in this day of small dosage and exact medication there are, at least in our opinion, much better ways of accomplishing the result aimed at—the cure of the patient. And yet we must admit that the results which he reports are everything that any man can ask for. Results count—and Dr. Lusby cures his patients. Therefore his ideas must contain food for thought. His scheme for local treatment is good. We often use it.

Many years ago calomel was extensively used in pneumonia, as a curative remedy, for its so-called “sedative” effect. Dr. A. H. Smith of New York some years ago called attention to this in discussing (in eastern journals and *Twentieth Century Practice*) the effect of internal antiseptics, such as guaiacol and the salicylates, upon the course of this disease, which he believed to be a general infection arising from a local focus—the infiltrated lung—where the pneumococci breed and from which the pneumotoxin is thrown into the blood. The old calomel “sedative treatment,” in which enormous doses of this remedy were used, owed its efficiency, so he thought, to the systemic effect of this drug. But it should also be remembered that calomel is one of the best of intestinal antiseptics; by derivation it also serves to reduce the congestion in the overburdened lung. In the latter way it certainly is a powerful “sedative” of the circulation, while in the former it effects exactly the same results which we accomplish with the sulphocarbolates, the reduction to a minimum of that important factor in all fevers, absorption of poisons from the bowel which, added to the specific poisons of the disease, serves

to turn the scale to the side of death. Results, then, probably are obtained with these big doses of calomel, but results which are much more easily, certainly and safely obtained through the use of the “trinity” and dosimetric compound to modify the circulation, and the smaller doses of calomel and the saline followed by the sulphocarbolates to keep the bowel sweet and clean. We should, it is true, remember that in the Southwest there is often a malarial element, possibly calling for mercurials, and the antiperiodics.

This dosing with opiates we utterly disapprove. They relax the patient, relieve pain and cough and give a sense of comfort, to be sure, but they also lock up the secretions and prevent the proper elimination of poisons which Nature and the doctor are so strenuously endeavoring to get rid of. As used by Dr. Lusby, with calomel, the two remedies are mutually neutralizing each other's actions. The vascular sedatives which he recommends, such as aconite, veratrum, gelsemium and bryonia, all have a place in the treatment of this disease, when properly used, and we have no doubt that the doctor is a “past master” in the application of these truly American remedies. But why not use their alkaloids and be *sure* of the results you are obtaining?

We want to compliment Dr. Lusby on *doing* something. When so many men, in these nihilistic days, are content to sit down placidly and let their cases go by default—“to that bourne from which no traveler returns”—it is refreshing to find a man, even though he is not an “alkaloidal crank,” who puts energy and faith into his medication and as a result saves life. Good for you, Brother, keep it up and catch onto the new and more exact

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Pneumonia: Local lesion not essential cause of symptoms, though it contributes to the seriousness.—Le Fevre, *Med. Record*.

The toxemia must be considered the chief factor in causing the symptom of pneumonia.—Le Fevre, *Med. Record*.

methods and medicaments as fast as possible.—Ed.

### SOME POSITIVE RESULTS.

I have received so much assistance from the use of the active principles during the last eight or ten years that I think it is a duty to report two recent cases for your satisfaction, and for the edification of the doubters and scoffers.

CASE I. Male, age 13, very large and fleshy for age. Taken January 14 last with chill and high fever. I was called the 17th—a bad start. I found the temperature 105° F., respiration 54, face unusually bronzed, pulse 160, coughing up quantities of brick-dust sputa, constipated, left lung involved. Prospect anything but flattering. I gave aconitine, digitalin and veratrine in twenty-four teaspoonfuls of water; teaspoonful every fifteen minutes for four doses, then every thirty minutes for four doses, then every hour till my return, which was three hours later. Divided one grain calomel and three of soda into eight powders, one dry on tongue every fifteen minutes. Saline laxative was given every hour until effect. Antiphlogistine, hot, was applied to the affected lung.

Returning I found the temperature 100.4° F.; he was sweating profusely and the pain was much relieved; respiration 30, pulse 120, good movement from bowels. I had a large disposition to pat myself—and you—on the back and cry “bully boy.” Directed fever mixture continued at longer intervals sufficient to hold fever down, adding calcidin, and emetine when necessary, and last, but

not least, the intestinal antiseptics. On the third day at my evening call I found temperature 103.6° F., and the most tumultuous heart-action I remember ever to have seen. For this I gave four granules, gr. 1-6, of sparteine every two hours. Pretty good dose you say. But next morning temperature was 90° F., respiration 26, every symptom showing the good fight to be nearly won. Again the patting process! Three days later I discharged the patient.

This case is important on account of the late start, corpulency of the patient, the severity of the attack, the left lung being involved, etc. I feel confident that if I had employed the old and uncertain galenicals I would have been compelled to append my autograph to a death certificate.

CASE II. Little girl, three years old. Chill on Monday night, Jan. 22; saw her at noon Tuesday. Right lung, temperature 104.6° F., pulse 160, respiration 40, jerky and painful. I gave aconitine, digitalin and strychnine arsenate, each four granules in twenty-four teaspoonfuls of water; teaspoonful every fifteen minutes for an hour, then every thirty minutes for four doses, then every hour or two till fever subsided. Same treatment, additional, as in case No. 1, proportioned to age. I used strychnine instead of veratrine on account of debility caused by a previous whooping-cough (which I did not treat). Discharged in four days. Some of the neighbors say it was not pneumonia—“Got well too soon.” It was, however, typical pneumonia, and the only error I made was to cut a hole in my own pocket. But I am fond of making such errors.

For several years I have been satis-

If pneumonia is infectious, it must be treated on the fundamental principles proved valuable in other infections.—Juergensen.

Respiratory pneumonia cannot be due to fever, pain and pulmonary consolidation; each adds its quota.—Le Fevre, *Med. Record*.

fied that if the old mossback, high-headed moguls would adopt the alkaloidal methods they would not have to sign nearly the number of death certificates they are now called upon to do. One blessed consolation is they will *have to come to it*.

R. H. BAYLOR.

Erin, Tenn.

—:o:—

You certainly have reason to be satisfied and we trust that readers of the CLINIC who are yet unacquainted with the *positive* action of active principles may be convinced by reading your article and test the method in similar instances. At some future time, Doctor, "come again."—Ed.

#### HE BELIEVES IN ABORTING DISEASE.

I have been in the practice of medicine for twenty-three years and have had experience with pneumonia every winter and spring. Until the last year my cases would be confined to bed from two to three weeks. This winter I have adopted an entirely new, or rather different, method of treatment.

When called to a case of pneumonia I immediately put him on aconitine if he is a stout robust patient. If not I use defervescent compound, number two. I give this in full dose, watch the effect and keep temperature down to 100° F. If the pain and cough is very severe I use morphine and potassium cyanide, number one. I use no poultice, blister or other local applications to worry my patient.

If this treatment is administered in dose-enough quantities during the first

twenty-four hours, I believe any case of pneumonia can be cut short, or if you prefer the word, aborted. If calomel is needed use it, if not give saline laxative or anything else to keep bowels open. There is very little use of any other treatment in pneumonia.

I am not a believer in self-limited diseases. I believe in treating them with a view to stopping them. Pneumonia, typhoid fever and many others so-called self-limited diseases can be aborted if the proper remedies are used. I believe the alkaloids are the only reliable preparations at our command. When I give an alkaloid I know what to expect and if my diagnosis is correct I am never disappointed.

A. W. BARTON.

Overton, Texas.

#### AN EVOLUTION OF AN IDEA.

July 8th last my wife died of pneumonia. I have ever made it a rule, in case of serious illness in my own family, not to depend upon myself wholly, but to call in a brother practitioner; therefore early in my wife's illness Dr. ———, one of the most skilful and attentive physicians in the northwest, was called in and a trained nurse secured. My wife was treated along the so-called orthodox lines laid down in our text-books, but died. I said then (I have practically retired from active practice): "I hope I shall never have to treat another case of pneumonia, but if I do I will try to forget everything the text-books say about treatment."

January 14th, while attending church five miles out in the country, I was asked to see Mrs. K., aged 32, mother of three

Pneumonia: Fast, strong heart, full, bounding pulse, high blood pressure, all show increased activity of heart.—Le Fevre.

Pneumonia: To regain vasomotor control, strychnine, caffeine, atropine, cocaine, act on medullary centers.—Le Fevre.

children, the youngest four months old. I knew she had not been strong since the birth of her last child. I found she had been sick forty-eight hours, the real attack setting in with a severe chill, followed by sharp and continuous pain in the right lung, extending in thirty-six hours to the left lung. Pulse 128, respiration 38; tongue coated, breath very offensive; patient partially delirious; a dry hacking cough with no expectoration intensified the pain in the lungs. Diagnosis, a very severe case of double pneumonia in a bad patient. I did not take the temperature as I had broken my thermometer, and besides I care little about the temperature in pneumonia if I can keep the pulse within bounds. (Note this.—Ed.)

Treatment: I gave eight 1-10-grain pink calomel tablets to be given two every thirty minutes until all were taken, followed with a full dose of saline laxative to effect. This woman's bowels had not moved for days and when they did there was unquestioned evidence of something "rotten in Denmark." I also gave aconitine, gr. 1-134, every half hour until pulse was down to 100, then every one and one-half hours. For the cough I gave ammonium chloride compound with codeine tablets, one dissolved in a spoonful of hot water every one-half hour till effect, and then every two hours, and ordered Dover's powder, 5 grains as needed, to quiet. Intestinal antiseptics were given every four hours after the offensive stools.

The second day pulse was 100, respiration 32; less pain, more expectoration. Continued same treatment, except that the calomel and saline laxative were cut down half and veratrine, gr. 1-134, add-

ed to aconitine as pulse was of the bounding character.

Third day the symptoms were all relieved. Gave strychnine and quinine in small but oft-repeated doses.

Seventh day patient able to sit up a few minutes and inquiring anxiously for food. No relapse.

In this case I used no mud poultices, but instead ordered this: Wheat bran, one quart, pure mustard, five tablespoonfuls, to be thoroughly mixed in hot water, equally distributed between thin cloths and applied over the entire chest as hot as could be borne. I ordered two dressings to be wrung out in hot water and changed every two hours.

For food and drink I gave all the hot milk she could take, or could be urged to take, and all the cracked ice she wished to dissolve in the mouth; perfect quiet and ventilation, no fire nearer than the adjoining room. Now pitch in and criticize. Say that the patient recovered in spite of the treatment if you want to, I don't care a snap as long as the woman got well!

J. F. LOCKE.

Long Prairie, Minn.

—:o:—

Is this man a fool? Was this just a "happen so"? Ye gods! Oh, doubting Thomas in the field and ye me-too journalist, what asininity. Their blood be on your heads!—Ed.

#### HAS ABORTED PNEUMONIA AGAIN AND AGAIN.

I have again and again aborted pneumonia with the alkaloids. Just day before yesterday I was called to the case of H. B., male, age 35 years, who worked

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Pneumonia: To regain vasomotor control, digitalis, ergot and suprarenal act on arterial muscular tissue.—Le Fevre.

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Nothing doing so much good and as much harm in pneumonia as strychnine; apparent benefit covers over-stimulation.—Le Fevre.

in wet snow; chill the night before, stabbing pain near the left nipple, temperature  $103\frac{1}{2}^{\circ}$  F., pulse full and bounding, severe pain in left groin, rapid respiration, etc. I gave aconitine, digitalin and veratrine, one each every fifteen minutes for six doses and then less often. Next day I found a temperature of  $99^{\circ}$  F., patient one hundred per cent better. Today still better. I also gave ten grains of sulphocarbolates every four hours after thoroughly cleaning out the bowels. It is the same old story and still they won't believe it who don't use the alkaloids.

WILMER CULVER.

Elbert, Col.

#### ANOTHER MAN ABORTING PNEUMONIA.

Why is it that of all scientific callings ours should be most dogmatic, surpassing even theology? The writer graduated from a most orthodox institution where he was taught that all methods of treating the sick not governed by the law of similia were worse than useless. But he considered, as a well-educated man, he should do a little thinking for himself and he soon had occasion to use an "old-school" method of dealing with a situation where his own failed and the final outcome was most satisfactory. Again he was called upon to attend a case where the disease wiped out both homeopathic and "regular" methods, and medications, but was promptly suppressed by a drug used only by eclectics and, so far as the writer knows, only described in the materia medica of the eclectic school; and I cannot say how many times, where all three schools have failed me, or in my judgment

would have failed me if I had risked the time to try them, alkaloidalism has come in and saved a human life "with neatness and dispatch!"

What a grand excuse, and how threadbare, is that of the lazy doctor: "Oh, life is too short to study the materia medica of the various schools!" It is nothing of the kind. One hour of hard reading every day in the week for two months will give any man, containing in his thinking box the average amount of gray matter, an amply sufficient knowledge of the salient drugs of all the schools, and their indications in the most general classes of cases. And he who is too lazy to spare that time is unfit to have intrusted to his hands the care of human life.

Pneumonia received its title of "Captain of the Men of Death" from regular sources, and surely the mortality records would justify the title; yet here is the record of a pneumonia case:

Mary C., age 16, blonde, anemic, weight 110 pounds, height five feet. Commenced with a severe and protracted chill, with vomiting. Temperature rose from normal at 11 p. m. to  $104^{\circ}$  F. at 5 a. m.; strong, full rapid pulse (100-120), rapid laborious and shallow breathing, widely dilated nares and violent action of all the accessory muscles, sharp pain over the left nipple, aggravated by pressure, breathing or coughing; shortness of breath, the number of respirations increasing to forty and fifty and fifty-four per minute, causing interrupted speech; cough, first short, ringing and harsh, soon followed by a scanty, frothy mucus, soon becoming semi-transparent, viscid and tenacious, which had changed to a rusty color on

Pneumonia: The dose of strychnine should be just enough to increase the irritability of the centers.—Le Fevre.

Strychnine should not be a routine treatment in pneumonia; or given before indications for its safe use are present.—Le Fevre.

the second day when I was called in. Headache, insomnia and the well-defined mahogany blush over the malar bones, with scanty high-colored urine, were all present.

Percussion showed dulness, scattered in patches over both lungs. Auscultation, vesiculobronchial breathing changing to moist, associated with small bubbling (subcrepitant) rales. I give the symptoms as fully and as accurately as possible, since in relating such cases you are invariably met with the assertion, given in tones of mingled pity and contempt, "The case you describe was not pneumonia, but simple, etc., etc.," and so it goes on *ad nauseam*.

I commenced treatment with aconitine, strychnine arsenate and digitalin, one of each every fifteen minutes until the pulse softened, then every half hour. I got the pulse down to 85 and kept it there. I enveloped the entire thorax in antiphlogistine, spread to half an inch thickness and applied steaming hot. Gave some bryonin and codeine for pain. Cleaned out the *primae viae* with 1-6 grain calomel and podophyllin, half-hourly, till a grain of each was taken; two hours after last dose gave a heaping teaspoonful of saline laxative in hot water and repeated every hour till bowels moved freely, following this with ten grains sulphocarbolates.

Inside of twenty-four hours I had that temperature down to normal; inside of thirty-six hours all other symptoms were relieved and it was only by the direst threats of what would happen that I kept that girl from attending a party a week from the day of her taking down.

My last case was a week ago. Young lady twenty-two years of age, severe

chill. Temperature when I saw her 103° F., pulse 120, respiration forty per minute, sharp pain near right nipple; complete and overwhelming prostration.

Aconitine, veratrine and digitalin, one each every fifteen minutes. Grain one calomel and grain one podophyllin, given in six powders of each half an hour apart; antiphlogistine over thorax. In twelve hours symptoms all relieved, in twenty-four the patient was convalescent.

I have done nothing here that the humblest practitioner could not do. On the first occasion when I had made my diagnosis, I just took up that marvelous little book, Abbott's "Alkaloidal Digest," turned to the bottom of page 60, where stood the word "Pneumonia" and with that as my chart and log book, steered my patient over the tempestuous sea of pneumonia on the alkaloidal bark for the first time. Have made many more trips over that route since, and will not fear to make them again.

VERE V. HUNT.

Blackwell, Okla.

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#### THE ALKALOIDS IN PNEUMONIA.

My application of the alkaloids in pneumonia is as follows: If called early, one to six hours after the initial chill, which I find in nearly every case of pneumonia, I almost invariably give an initial clean out and starter consisting of six doses in capsules as follows: three capsules containing calomel and podophyllin, of each 1-6 grain, colchicine 1-134 grain, emetine 1-67 grain, defer- vescent compound, No. 1, one granule; the other three capsules as above except colchicine is replaced by hyoscyamine

Pneumonia: Atropine, cocaine and caffeine used for emergencies at crisis; when strychnine fails a forlorn hope.—Le Fevre.

I believe the primary and essential action of the pneumococcus infection toxemia is that of stimulation.—Le Fevre, *Med. Record*.

amor., gr. 1-250, directing one capsule every half hour followed by castor oil or saline laxative.

This warrants a thorough cathartic action without griping, stimulates practically all the secretions, promotes expectoration and diuresis, relieves pain, congestion of the lung or lungs, and tranquilizes the nervous system, while rendering the bowel more or less antiseptic.

Immediately following the above capsules I give one granule of defervescent compound, No. 1, every fifteen to thirty minutes (as the case demands, usually thirty minutes) until effect, then every one to two hours as needed to maintain effect, i. e., to hold the temperature and pulse as nearly to normal as possible.

I furthermore envelop the congested area in antiphlogistine, or some of the similar preparations, and cover same with absorbent cotton. After the antiphlogistine has spent its force (become stiff) I remove it and in its place apply turpentine stupes—equal parts of turpentine, coal oil and lard, covering with the cotton jacket as before and this I leave on until recovery.

I then follow with whatever remedy or remedies I think the case demands: emetine to promote expectoration, bryonin to relieve pain, strychnine when heart weakens, always keeping bowels active with repeated doses of castor oil or saline laxative. My recuperative treatment usually consists of strychnine in some form, frequently strychnine arsenate alone.

I do not in all cases confine myself to the alkaloids, for I have used with most pleasing results iodide of iron in syrup form; white pine compound with

potassium iodide and ammonium muriate during resolution, etc. But the active principles are "The Stuff." If called early I abort from fifty to seventy-five per cent of all my pneumonia cases—have treated four cases of lobar pneumonia thus far this winter, aborting two of them; one of the other two I did not see until the fifth day and the other not until the second day.

I have practised since March, 1901; have treated from five to twenty cases each season and have my first case of pneumonia yet to lose.

I recall one case I saw the second day after the initial chill; "crisis" occurred the twelfth day (a very obstinate case, pulse and temperature remaining high throughout). In this case I used adrenalin chloride (P. D. & Co's), digitalis and strophanthus, also sodium chloride enematas with good results. At that time I was not conversant with the alkaloids or I would more than likely have used digitalin and strophanthin.

FREDERICK F. LEMON.

Lincoln, Mo.

—:o:—

Well how's that? This man isn't *selling anything!* Will you believe him or don't he know a case of pneumonia when he sees it?

How does this tally with the following, from the March number of the *Medical World*. Commenting on the inquiry of a North Dakota doctor, who wants to know as to the possibility of cutting short typhoid and pneumonia the editor says: "Competent members of the profession make no claim to the ability to abort either typhoid fever or pneumonia. Such claims have been made repeatedly, but whenever they have been

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Cocaine in nose has maximum effect on respiratory center; seen in respiratory failure from morphine.—Le Fevre.

Pneumonia: When no response to strychnine, vessels may be acted on by digitalis, ergot or suprarenal.—Le Fevre.



tested by the profession, they have been found lamentably wanting. The majority of active practitioners of experience have proven the falsity of such claims so often that to make such an assertion of such power is now tantamount to declaring one's self lacking in experience or erudition."

I am sick and tired of such do-nothing twaddle from the theorist who says nothing can be done for pneumonia because some pessimist (who ought to know better) has said so. Are not our thousands of CLINIC readers, some of whose testimonies as to the possibility of cutting short these diseases may be read in this number, "competent members of the profession?" You must pardon me, Dr. Russell, we're on the firing line. We are giving and supporting personal experience, not hearsay.—Ed.

#### NO UNCERTAINTY HERE!

That pneumonia is amenable to treatment and remedial, I have no hesitancy in asserting. And that definite, precise, active treatment will frequently abort or jugulate, I have certainly had sufficient evidence to confidently believe, if I have had reason to believe in the proof of the curability of any condition or disease that may attack or invade the human body. It is true some not only may die, but will die and do die. When the more vital organs are so diseased and worn out as to be incapable of sufficient function even with proper and well-directed assistance, and cannot respond to hopeful stimulation, nothing short of new organs and apparatus can avail, and these we cannot furnish. The case is hopeless.

But given any reasonably strong body,

a system and heart strength where practical functioning power remains, pneumonia is curable in proportion as the remedies indicated are exhibited. Gravity is lessened, duration of disease shortened in proportion as the circulation is balanced up and the more nearly practically normal working conditions are produced and maintained.

The disease is aborted or jugulated in direct ratio to the early institution of remedial measures, and as we push these to their required effect. If strychnine and digitalin, veratrine and aconitine are used according to whether the case is asthenic or sthenic, the vasomotors and nerve centers equably poised, the system brought to a relatively normal condition, either type may be quickly changed, the element of gravity eliminated, and if the alimentary canal has been disinfected by the use of c. p. sulphocarbolates with their systemic effect, or deteriorating depoisoning effect in the blood, we have recovery, unhesitating and complete in every instance.

I have just had two cases which do certainly go to prove what efficiency is in this treatment and how a little vasomotor help may save life. One case of lobar pneumonia of the base of the left lung on this treatment was discharged the fourth day, up the sixth, complete recovery in a few more days, appears perfectly well today.

Another case: The patient lay eight days without treatment. Indications of considerable gravity. I gave only strychnine arsenate and digitalin, expecting to see the case again in the morning. But the case improved so much they thought they would save the doctor's fee and sent me word to come only when called.

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The value of digitalis in vascular collapse in pneumonia is very decided; no drug that can take its place.—Le Fevre, *Med. Record*.

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Pneumonia: Early stages that in which fearless and intelligent use of active measures conduces to greatest good.—Le Fevre.

Medicine gave out, called again in two days. I could not put him on proper treatment unless I was to see the case as I thought needful. So I gave strychnine and digitalin with sanguinarine nitrate. He improved so much they thought I would not be needed again. Medicine gave out in about two days, and the patient got worse. I called again, more lung being invaded, still I was only to come when called, so I gave strychnine and digitalin again with a very little aconitine on account of fever rising. The patient promptly got better again. When patient got somewhat restless, and uneasy, I was sent for again in about thirty-six hours. I found him getting well, so I just gave strychnine etc., again so as to spot the reason for improvement without mistake, and he got well *anyhow*.

Of course I did not treat this case as I would, had I had a free hand, but surely the evidence of the power for good of these remedies is obvious and indisputable. These people thought that because I had the name for curing pneumonia quickly, that one visit to the patient would probably suffice. But it is necessary to follow closely and fight to hold all the ground that is gained. It is useless and will take up time and space to give particulars. And had I been able to see the case as needful and treat actively and positively, I am earnestly and truly confident from my experience and from remedial effect manifested in individual cases from the little vasomotor helps that were given, that in three days' convalescence could and would have been established.

J. R. LANDERS.

Bernadotte, Ill.

When vasomotor paresis precedes that of other centers, forbidding strychnine, use digitalis, ergot or suprarenal.—Le Fevre.

There is no uncertain sound in this letter. Dr. Landers uses the alkaloidal treatment in his cases of pneumonia and gets *cures*. No man can expect to cure every case of pneumonia, but let him "follow closely and fight to hold all the ground that is gained," and provided he uses modern methods he will get results that will astonish him and please his patrons. One trouble with the nihilistic plan of treatment—the "expectant" plan so called—is that the physician takes it for granted that he can do nothing; as a consequence he assumes the role of spectator, because there is "nothing to be done." There *is* something to be done—and the people want doctors who know how to *do*. Brother, are you one of the doers—a man of large faith in your remedial agents, a man of resource—and with a spirit which "never says die" while a breath remains?—Ed.

#### HOW NEWTON HAD PNEUMONIA.

"You're surely not going out this morning, Mr. Newton?" and the young landlady looked anxiously at her "star boarder"—the minister.

"Why not, may I ask, Mrs. Haply?"

"It's so rainy and I heard you cough in the night."

"Oh! I never let a little rain stop me. As for coughing, I was probably clearing my throat. Just a slight irritation."

"Mr. Newton, you are really looking miserable, this morning," from Mrs. Berry near the end of the table, a motherly old lady with one eye. "If I might advise I would say 'stay in the house this whole day.' If Mrs Haply has no objection I'll fix you up some lemon and honey for your throat. I vow you won't

Pneumonia: In cases of respiratory failure, atropine and cocaine can stimulate respiratory center. I prefer cocaine, in nose.—Le Fevre.

be able to croak by the next Sabbath." "My brother John," piped up the old maid from the other end of the board, "always had trouble with his throat—Brown's kitis the best doctors called it—and I really am an adept at treating throats." As she rose from the table she dropped a stiff courtesy and her eye glasses at one and the same time. "Mr. Newton, allow me to offer my assistance in a purely missionary spirit."

The young druggist near the center came to the rescue:

"If Mr. Newton will stop at the store with me as we go down I'll give him something that will relieve his throat in a very short time."

Mr. Newton arose abruptly from the table hiding his annoyance as best he might. Turning to the ladies in his most polished manner he said: "My dear Mrs. Haply, my dear Mrs. Berry, my dear Miss Brown, please accept my sincere thanks. I have never been ill a day in my life" (He thought to himself, "I might be if I should take all the stuff they would enjoy poking down me.") Turning to the young druggist with the Christy face.

"I'll accept your offer to walk with you, my young friend. Good morning ladies," and with quick, determined steps he escaped from the breakfast room.

The young druggist caught up with him at the gate.

"I believe you were trying to slip me too. Don't be alarmed, I just wanted to get you out of that mess. I won't give you a drop of dope unless you say so. But you do look tired out, sure enough."

"Thank you, my friend, I do not doubt I look tired out *now*. Felt all right before that tirade. Some day when I am

sick I may take advantage of your offer, but not this morning. Don't need it."

"Well, I drop off here. If you need anything 'phone me" and the young clerk disappeared into a drug store as Newton exclaimed in a slightly irritated tone, "*I tell you I'm not sick.*"

Boarding a crowded car his feelings were not soothed by the prospect of swinging to a strap for a mile or two. Feeling his coat pulled from the rear he turned to face an old college chum.

"How are you, Newt, old fellow? Hardly knew you you've grown so thin."

"Just been working hard and have a slight cold. Don't amount to much, but the whole world seems combined to put me to bed with pneumonia whether I will or no."

"Well, must get off here. Glad I saw you. Better take my advice and see a doctor. That cough's bad."

"What's the use," thought Newton, "of making such a fuss over a common every day cold. Won't let a fellow stay well when there's nothing the matter with him."

At noon his landlady, the motherly old lady with one eye, and the old maid, separately and collectively declared "he was looking much worse."

Calling on his organist after lunch he was met with:

"My dear Mr. Newton! What on earth has happened. You look positively ill."

"I'm not feeling just myself, Mrs. Bell. Have the headache and a pain in my chest."

"You'd better go straight home and take a nice good sweat between blankets." Blankets were Mr. Newton's pet aversion.

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Persons whose normal blood pressure is very low do not bear pneumonia well; right cardiac dilation occurs early.—Le Fevre.

Pneumonia in low blood-pressure persons: Digitalis with aconite early slows heart, restores vascular tone.—Le Fevre.

On his way to dinner he stopped to see the young druggist with the Christy face.

"You'd better let me fix you up, Mr. Newton. You need something."

"I believe I do. I'm afraid I'm really going to have a siege of *something*."

"Probably old maids and widows," thought the clerk.

At dinner he ate next to nothing, only speaking to reply, in a doleful tone, to the remarks on his health with, "Yes, I'm feeling a little under the weather."

By nine o'clock he was convinced he was really ill, and was more anxious than his persecutors to have the doctor called.

The two widows and the old maid pronounced it, "Pneumonia, double to be sure."

They fell to with a will and were increasing in their labors, filling hot-water bags, making hot drinks and mustard plasters.

It is true the poor man rebelled at being rolled in blankets while dripping from the mustard bath and almost forgot his ministerial character in giving vent to various exclamations of disgust.

Just as he was properly adjusted, plastered, and steaming like water at the boiling point, a messenger arrived to say: "Mr. Newton is wanted at once. Mike, one of his mission boys is dying."

"But he's got pneumonia," pleaded Mrs. Haply.

"He has asked for him" was the reply.

"That settles it," exclaimed Mr. Newton, decidedly unsettling it by throwing hot water bags, plasters, etc., to the four winds.

"The doctor's been called" chimed Mrs. Berry.

"You'll die," moaned the poor old maid.

But he didn't and is still living to tell how he had pneumonia.

NANCY H. BUSKETT.

Hot Springs, Arkansas.

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#### THE DOSAGE OF SPARTEINE.

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Since the publication of my article on Sparteine in the November CLINIC I have received many letters asking questions about certain statements made therein. Some have asked if the printer had not made a mistake as to the dosage, others have called attention to the statement made by certain authors as to the toxic properties of the drug and asked if the dose of two grains would not be a dangerous dose. Others have had trouble in finding the drug at all and many others have tried to get tablets of suitable size but of course these have not succeeded as no such tablet has been on the market. Others have asked what manufacturers' product I used, etc., etc.

I have replied to all of these inquiries as promptly as possible but I thought it would not be amiss to write a short note for THE AMERICAN JOURNAL OF CLINICAL MEDICINE that might serve to still further direct the attention of the profession to this useful agent.

There was no mistake in the article and the dosage of spartine is correctly stated. Two grains is a perfectly safe dose for an adult and it is certain that the drug has no toxic properties when administered in that size dose even at intervals of two hours. The statement made by some authors that the drug is a poisonous one and is liable to develop toxic properties is, I believe, made on purely speculative grounds and because

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Pneumonia in low-blood pressure: When other medullary centers show exhaustion, use strychnine with digitalis.—Le Fèvre.

Digitalis should be given in pneumonia for definite purpose; not in large doses for specific action.—Le Fèvre.

of its supposed similarity in its effects to digitalis. I have been unable to find the record of any study of the drug that would warrant such a statement. The broomcorn seed, which doubtless contains as large a proportion of the active principle as any other part of the plant, is used as feed for chickens, hogs and other animals. The blades or leaves are stripped from the stalks and used as fodder for horses and cattle. It would seem that if this agent had toxic properties to any marked degree it would show some such effect on these animals, but it does not do so.

In attempting to determine the correct dose I pushed the drug in many cases to three grains every two hours with no ill effect whatever; however, I found that a dose of two grains every four hours was a sufficient quantity to establish and maintain the full remedial effects of the drug, therefore I consider that not only the safe but the proper dose.

In reply to those who have asked about the preparation used, will say that I have used Merck's, Mallinckrodt's and Powers and Weightman's sparteine sulphate and have found them all reliable. I would use the drug made by the Abbott Alkaloidal Company, Squibb or any reliable manufacturing chemist with equal confidence. I buy the drug in ounces just as I do my quinine and either make a solution for hypodermatic use—2 grains to 20 minims of water—or give the drug in powder or capsules.

I have taken up the question of making a tablet or granule of suitable size with The Abbott Alkaloidal Co. and I feel sure that they will soon be able to

supply them. I have asked them to make a tablet or granule the following sizes: 1-2, 1, 1 1-2, and 2 grains. The 1-2-grain tablets will make a dose of suitable size to be given to children of from eight to ten years of age.

I am also endeavoring to have some other salt of the drug made that will be less irritating when injected hypodermatically than the sulphate is. When I receive a sample of such a salt I will make thorough tests of it and report the results.

I am anxious that the profession become fully acquainted with this drug and its proper dosage, because it fills most perfectly an indication in the treatment of many diseases that is not met by any other remedy or combination of remedies. I feel sure that by its proper use a very marked reduction can be made in the mortality from pneumonia and that would be enough to commend it to the careful consideration of the profession even if it was not useful in the treatment of other diseases.

In my estimation this agent should be classed with our most useful remedies, near the top of the list, with such remedies as calomel, quinine and strychnine.

Wishing THE AMERICAN JOURNAL OF CLINICAL MEDICINE greater success than even its promoters have dreamed of, and, with a word of good cheer for the CLINIC family, I am,

Very truly yours,

GEO. E. PETTEY.

Memphis, Tenn.

—:O:—

There seems to be no doubt that sparteine is one of the most valuable heart tonics that we have, provided it is used

That ergot contracts arteries conceded; whether by vasomotor stimulus alone or peripheral action also undecided.—Le Fevre.

Specially valuable in pneumonia with low tension is ergot; action restricted to vasomotor centers and vessels.—Le Fevre.

in suitable doses. The contention of Dr. Pettey that the doses ordinarily employed are too small, should receive careful examination. Personally we have no doubt that he is right, for his statements are the result of years of careful use of this remedy—and he undoubtedly employs more of it than any other man in this country, if not in the world. When, therefore, he pronounces it the ideal heart tonic, his opinion is worth a great deal. It is highly probable that the difference in results, as reported by different observers, was due to impurities in certain preparations.

According to Dr. Pettey, sparteine combines in a peculiar way, the virtues of digitalin and veratrine. Like digitalin it slows, steadies and tonifies the heart, but instead of increasing the work of the heart muscle like digitalin, by constricting the arterioles, it reduces the blood pressure by producing mild vasodilation, in this respect resembling veratrine. This peculiar combination of properties should make it extremely useful in pneumonia, where it acts somewhat like the dosimetric trinity. But, it may be added, that possibly sparteine is only an apparent heart tonic—acting somewhat like glonoin, which diminishes the arterial pressure and gives the heart less to do.

We wish to urge our readers to try this valuable remedy, following the classical rule to give "to effect", as recommended by Dr. Pettey. Increase your doses carefully until they equal his and note results. Then send in your reports.—Ed.

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#### THERE'S A REASON.

I had made up my mind to discon-

tinue taking your journal for two reasons, principally. In the first place, when, during the early part of the past year, I made some attempt to take up and follow out your ideas of practice, I did not by any means meet with the phenomenal success that one is led to expect from the glowing accounts given in the extravagantly-expressed letters of most of the wildly-enthusiastic and cocksure writers in the journal, when I used to read it as faithfully as I had time to do. Next, I feel that I am too old, to make the (almost) complete change that this would call for (if not too old, then at least too stupid) to give myself thoroughly, heart and soul, to the exclusive practice of this system. I suppose it is stupidity rather than age, as Dr. Abbott and others reiterate that it is as easy as "A B C." I cannot find it so.

But, when I get a chance to read something in the journal now and then. I find *some very interesting articles*, even to me, and I particularly like the tone of the January number from what little I have read of it. I purpose to read it further, and when I come to the places where the chanticleers clap their wings so hard, and crow so lustily as to be bewildering and depressing—not to say disgusting—to one who is not able to enter into or to understand, or perhaps entirely believe in, the state of ecstatic exultation in which they perpetually exist by reason of having obtained perfection in the exercise of their profession—Why, when I come to those articles I can skip them.

So please continue the journal.

H. T. H.

New York City.

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Long use of alcohol depresses vasomotor center; abnormal capillary circulation in pneumonia, lividity not cyanotic.—Le Fevre.

Pneumonia: In many alcoholics, strychnine unduly excites; alcohol and narcotics with ergot for bad effects.—Le Fevre, *Med. Record*.

We note with interest what you say as to the apparently undue enthusiasm manifested by some of our readers. Doctor, please consider for a moment the following suggestions: The CLINIC goes to 40,000 physicians monthly. Think of the differences to be found among these men. That which carries a favorable message to you might not appeal to many of the others. It is incredible how loudly you must shout in the ears of some of these men before you attract their attention. Then again, the experience of men with the new drugs must vary; some have acquired such success in handling the old ones that there is not much room for improvement; this I am inclined to think is the case with yourself. Others find a difficulty in altering their methods of dosage so as to get the improved effects from the better weapons. Dosage for effect seems to be like Chaldean to many men, they cannot learn it. The old vicious system of level dosage and polypharmacy, prevents the change to single drug action by many.

Doctor, take the case of a man who has lost every case of croup until he gets calcium iodized, and then saves nearly every one, possibly his own children being mixed up in this experience. Can you wonder at his enthusiasm? Take my own experience in the use of pilocarpine and its absolute control over sthenic erysipelas; and the absolute control exerted over gonorrheal rheumatism by the c. p. sulphides; and by chromic acid solutions over diphtheritic epistaxis; and the perfect control over intestinal manifestations in typhoid fever and cholera infantum by the sulphocarbolates. A quarter of a century with-

out a death from these diseases, or from pneumonia. This elimination of thirty per cent of the symptom-total in all fevers, obtained by emptying and disinfecting the alimentary tract; twenty-five years' treatment of gall-stones with sodium succinate without a failure, and cure without an operation. When such experiences come to a man, can he help being enthusiastic over the possibilities of an exact, true therapy?

But there is in truth a tendency to over-enthusiasm, which is due to the fact that so very few of those who read the CLINIC complete the circuit by writing and telling us how they are affected by it; and their silence giving the impression that their attention has not been attracted, the tendency to shout louder is certain to be felt.

If you feel further interest in the matter I should be glad to hear from you again. In the meanwhile let me ask if you have a copy of the "W-A Alkaloidal Therapeutics." This is the book we have prepared for men like you. In it each drug is studied scientifically and all that is known as to its physiological effects and therapeutic action is plainly told. If you haven't it I would like very much to send you a copy on approval.—Ed.

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#### "WHOLESALE POISONING"—AND OTHER THINGS.

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In the October CLINIC I read a treatise by Dr. C. F. Wahrer under the above title, also the discussion on the same by Drs. Waugh, Percy and Boice. Not being able to make a decision on the evidence offered I passed it over, waiting for further evidence to be offered for or against, as the case might be.

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Pneumonia: Suprarenal quick and brief; for sudden vascular collapse, camphor, ammonia, Hoffman's anodyne.—Le Fevre, *Med. Record*.

Pneumonia: Opportunity to conserve strength occurs early; no case to be given up until dead.—Le Fevre, *Med. Record*.

In the December number of the same publication it came, from the pen of Dr. R. G. Eccles, in which he makes a brave fight, but like the former quartette, he has made the mistake of flying off to the extreme limit of the tangent, while his opponents made the mistake of sticking too close to the center; the editor in his comments on Dr. Eccles' reply, made a happy hit by swinging from the extreme tangent, taken by the Doctor, toward the center or half-way grounds, where all differences of necessity must be met, to be amicably settled.

Preservatives are preservatives and are very necessary in this day and age of the world, where it is next to impossible to obtain a fresh supply on every occasion where the article may be in demand. But adulteration is quite another thing and is uncalled for under any condition whatever.

When it comes to making laws to regulate this nefarious business, we find ourselves up against the foot of something stupendous, for there are wise heads on either side of the dilemma, who are capable of picking to pieces any proposition advanced by the other; this has always existed and will to the end of time.

How can we regulate this matter? Easy enough when you know how: Education will accomplish it when everything else has failed.

This brings me to where a quotation will fit in admirably; I do not know who is the author or where it came from, but "it listens," as the Dutchman said, like Roosevelt: "Overlegislating is one of the damning evils of our times. It robs our pockets, curtails our liberties, enriches corruptionists, bleeds business in-

terests, multiplies political paupers and debauches the commonwealth. Let every honest reader help to swell the sentiment against this pestiferous interference with the rights of citizenship."

Let me add also, that nearly forgotten or wilfully downtrodden paragraph, by most of the states, which guarantees to each of us, "life, liberty and the pursuit of happiness." This with the condition of course that we obey all wholesome and equal laws.

This being the 1905th anniversary of the birth of the most notable personage that ever existed, leads me to further remark that there were noted physicians previous to his time as there have been since, but he of all was the greatest, being able by the touch to heal all manner of diseases both physical, mental and what not. Aye, even more, one poor wretch, not being able to reach the desired hand of the healer, touched the hem of His outer garment and lo, she was made whole.

This man, so far as we know, did not have the benefit of an education, primary, academic, university or medical, yet the wise men marveled at his knowledge. Yet all this learning he attained between His birth, in the manger at Bethlehem, and His ignominious death on the cross at the hands of a mob, because of the indecision of a weak and wavering judge. The rank and file were against him; he did not have to have a license to do good in those days, but he could accomplish the things that they were unable to, and it made them mad and jealous, and they "fixed" him.

This same principle is just as rife today as it was 1905 years ago. Give a party, man, or any organization power

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Ste. Phillippe reports favorably on arsenic iodide in treating 200 cases of scrofula in infants.—*N. Y. M. J.*

For combating collapse and circulatory failure in pneumonia strychnine and atropine undoubtedly rank highest.—*Hare, N. Y. M. J.*



sufficient, and they will use that power to crush all lesser lights, not coinciding with their particular views and schemes. This means us, i. e. the medical profession as well as others.

To illustrate: I am a regular physician; a man comes to me with a severe affliction; of course, he thinks that I am all right for I am the proud possessor of a license to practise medicine in one or perhaps a dozen or more states. I also am a little biased in my own ability to cope with the diseases to which humanity is heir. I look him over carefully, arrive at a diagnosis, roll up my sleeves and go in to accomplish a speedy cure. But, lo! at the end of the first round I find myself defeated and the trusting patron much worse; but I am used to that, and I back off and come again. Same result, with patient still worse. Things are becoming desperate; but three times is the rub, so I give him that, but it is no go. I agree to counsel. Dr. A. is called; we put our store of light and knowledge together, which we will say for the sake of politeness is up with the average, then we give the patient the benefit of a double-header, once, twice, three times, and our patient still going steadily toward that realm from which no traveler returns.

By this time things are beginning to look desperate, indeed. Drs. B. and C. are summoned simultaneously. Four knowing heads are now combined, and we go over the case carefully; we decide to give him the benefit of our combined knowledge; we open up with our reinforced line of artillery, and renew the attack, once, twice, three times, and are still out. We are then ready for capitulation! We call the sorrowing relatives

and friends together, and say to them in as mild and sympathising a manner as possible: "We are at the end of our rope, we have put forth every effort of which we have any knowledge, and we are under the painful necessity of telling you that your relative and friend has but a few more days, weeks, or less time, to live, and if he has any unfinished business to transact he had better be at it."

Thus we leave our trusting patient to his fate and depart. The relatives and friends in desperation think of that old quack, so-called by the regular profession. He is sent for post-haste and in a few days, weeks at most, our poor patient whom we had consigned to death is much alive; and we are mad because he did not die, and Dr. Quack cured him. And ten times out of a dozen, some knowing physician will have Dr. Quack arrested for practising medicine without a license. This thing of persecution by the medical fraternity is being carried on in our state quite extensively, and with few exceptions with the persecution of the quack, but in other cases juries have acquitted the prisoner to the great discomfort of the regular members of the profession.

Somewhere in Holy Writ, it is written: "Ask, and ye shall receive; knock, and it shall be opened unto thee." Now be honest: do you not think that there is such a thing as asking too much, or knocking too loud, or getting too eager to have things come our way? Would it not look better to have someone else prescribe for our ills, as the afflicted are not supposed to be in a condition to prescribe for themselves. The laity are fast coming to the conclusion that we are ask-

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Every doctor owes it to himself and the work he has chosen to make himself a part of the organized profession.—Taylor, *M. W.*

Creagh reports success in tetanus from sulphur in lanolin applied from head to foot and sulphur internally, big doses.—*Med. Times.*

ing all these concessions for purely personal reasons, and do not have the welfare of the dear people at heart, farther than to compel them to patronize you against their free will. Let us strive to follow the example and teachings of that great, meek and lowly physician, born in a manger in Bethlehem, 1905 years ago. This, in the present day and generation, I will admit is a hard task, but let us each and every one, for himself, strive to become as near perfection as possible, asking nothing but a fair, square deal with equal rights to all and special privileges to none.

Now if this effusion should meet with the approval of the editors of one of the best medical journals that comes to my desk, and is published therein, and goes out for perusal by its thousands of intelligent readers, it would please me to receive an expression of approval or disapproval from each and every reader. Am I right or am I wrong?

Simply a postal with the word "right" or "wrong" as may be your decision. Sign your name and send to me.

I wish to say for the information of all doctors that I am a member of the A. M. A., also of the A. M. U., both of which are extremists. I am trying to occupy a medium ground, thereby, I think, advocating a principle nearer right than either extreme.

Z. T. DODSON.

Cleveland, Wash.

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Dr. Dodson is evidently a disciple of the *laissez faire* doctrine—which may mean anything from the conservatism of a John Stuart Mill to the anarchy of a Johann Most: Laws are unnecessary; leave things to Nature and they will

adjust themselves in the very best way! While we believe in the highest possible development of the individual, we do not believe in the extreme individualism which places no check upon the desires and vices of mankind. The step from liberty to license is often a very short one.

The picture painted of the poor oppressed quack and the wicked doctors is a very touching one! Possibly there may be occasions similar to this—in which the triumphantly successful quack, who cures when all the regular members of the faculty have failed, is made to suffer for his successes. It would be strange indeed if every doctor were good (as well as successful) and every quack vile (as well as unsuccessful). There is plenty of quackery that masquerades as righteously ethical, and we hate it more than we do the openly quackish. But does that excuse open quackery? God forbid!

The writer knows of an advertising quack in this city, who through a professional "tout" inveigled into his office a farmer from the far west; the man was examined and informed that he had heart disease bad, but the doctor could still save him! About ninety dollars was collected on the spot for examination and a note given for further treatment. Desperate and despairing the poor man still had sense enough to go to another doctor to have the diagnosis verified. He was found to be perfectly well. He was the victim of extortion pure and simple. This doctor has acquired a large fortune—principally as "woman's doctor"—he is an abortionist. Does Dr. Dodson believe in this kind of quackery?

Another doctor who conducts "insti-

Fowls hatched and reared aseptically, fed sterile food, breathing sterile air, lived just 17 days. Others thrived on dirt.—Houghton.

Guinea pigs bred and reared aseptically, fed on sterile food, breathing sterile air, thrived as well as controls.—Houghton, *Med. Record*.

tutes" in this and other cities was investigated some years ago. It was found that he practically never visited his Chicago office; this "distinguished specialist" who advertised that he gave "personal attention" to his patients, conducted his work entirely through a hired assistant. Another fraud. One of the methods of this office was to worm out of the patient the amount of money he had with him; the doctor collected all the traffic would bear and then wrote a prescription for a "rare" remedy which could be supplied (so he said) only by the druggist on the floor below. The druggist was given a tip and directed to collect the balance of the man's funds leaving just enough for railroad fare home. Doctor and druggist divided the spoils. What of this kind of quackery?

Did you ever stop to think who these distinguished specialists are? If you will pick up almost any Sunday paper you will find advertisements in the "help wanted" column asking for physicians registered, say in Missouri, pay \$50 a month! These are the traveling specialists, the men who conduct the Medical Institutes! They are for the most part men who have failed in practice, either through dissipation or ignorance—but once entering the employ of an advertiser how soon they become "distinguished!" I once had in my medical class a young man whose one distinguishing feature was his oily tongue. So far as I know he never passed in a single branch, though he remained in college several years. It was impossible to beat into his head the ordinary doses and uses of even the commonest drugs. Such a man in any community would be as dangerous as an epidemic of the small-

pox—and yet this man bought a diploma from an unsuccessful physician, had it made over by substituting his own name, and went down into Oklahoma and soon became a notorious quack—within a year after he left college! Fortunately the fraud was discovered and he was run out of the country.

The danger of the quack lies, however, not so much in his ignorance, as in the callousness of his conscience. Get a copy of the February *Ladies' Home Journal* and read the story of the quacks who in a little over a year wormed over \$9,000 out of a foolish man—and the man was not sick! This firm of fakirs played upon his fears, called in one "specialist" after another, all the time holding out the prospect of "cure," until the last possible nickel was extracted—then they cast him off. This is a sample of the methods of quackery. It fattens on fraud and deception. Shall we let these things go on unrecognized and unpunished?

But possibly Dr. Dodson's only idea of the quack is the man who has failed to secure a license, because of his inability to pass an examination, or one who practises some "system" unrecognized by law. The latter can hardly be the case since most of these systems now have recognition somewhere. Osteopathy, for instance, is now permissible as a method of treating the sick in a large share of the Union. But how about the unlicensed quack? There are undoubtedly "times and seasons" when injustice is done. We regret these as much as any one can. But we believe that any man with the native ability to practise medicine successfully has also the ability to go about it in a decent way, to secure the legal right. It will

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Intestinal bacteria may be considered normal when they do not overcome the safeguards provided by nature.—Houghton.

Strasburger places the total number of bacteria excreted daily by man at 128 billions.—Houghton, *Medical Record*.

take time—and money. But why should there be any short cuts for you— and none for me? We fail to see why as a matter of abstract justice what is fair for one is not for another. The time is past when a few “yarbs” cut in the back lot and allowed to dry in the woodshed can be considered a sufficient pharmacy—or when a pound of calomel and a mixture of “salts and senna” may be considered a universal panacea. No man can know too much. Life is too precious a thing to be lightly left to the tender mercies of a superstitious granny or an arrogant ignoramus. If you have talent in medicine thank God for it—but don’t stop there. The talent must be used, you must add to your store of knowledge, to your skill, or you will be rejected—and you have no right to expect anything else.

Our medical laws are often unfair and oppressive—especially to the old doctor who has “borne the heat and burden of the day”—but we believe a better day is coming when justice shall prevail and every man will be treated as an equal and will be allowed to rest his case on its own merits. We should help to this end. Quackery we have no use for in our societies or outside of them, and we’ll do what we can to kill the beast. I am sure that Dr. Dodson himself has no respect for this nauseous thing and that his apparent defense is due to a misconception of what it is and what it does.—Ed.

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#### THOSE STATE LAWS.

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An article entitled “Legislative Injustice” in an old CLINIC deals with a condition that certainly calls for reform

and the CLINIC is in a position to be a powerful factor in bringing it about. Let the brethren enter into the discussion over this matter, not only through the medium of the CLINIC but through other periodicals, also agitate it in the American Medical and other medical associations and keep at it until eventually justice becomes apparent in all of our state laws in this regard.

It should be possible for any physician who has the endorsement of the examining board of his state to be allowed to practise in a sister state upon presentation of such credentials, not only temporarily but permanently if he so desires, without being obliged to submit to another examination. Such concession would only be common courtesy, not only from board to board, but to the applicant himself and evidence of that fraternity any physician in good standing should accord another.

C. E. YOUNG.

Sioux Falls, S. D.

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This is indeed an exceedingly important matter. In the absence of a national examining board, how would it be if the various state boards would exchange copies of examination papers? One state might say that they would not accept the grade of another state as their own, which might seem to be an acknowledgment of inferiority, since no man wants to say that what is good enough for another is necessarily good enough for him.

But, if the replies were made in quadruplicate, as could easily be done by the use of copying paper, a set of replies could be transmitted from one board to

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The idea that child-therapy is a failure ought never to have obtained a foothold in the world.—Neal, *Medical Era*.

Woodward and others, while not venturing exact figures, say that the fecal bulk consists of bacteria.—Houghton, *Med. Record*.

another, saving the worry and the time lost while waiting for a board to convene.—ED.

### THE HOME OF THE CLINIC.

On November 9th last the beautiful "Home of the CLINIC" was totally destroyed by fire, going down and out in less than two hours. The details of set-

Mar. 14, rebuilt in ninety days, bigger and better than ever before; and you of "The CLINIC Family" have your share of the honor, for it is your dollars—your support and encouragement, your coöperation that has helped to do it.

In the building before you there are bricks and mortar enough, laid end to end, to reach one hundred and fifty miles; lumber enough to cover an '8-



### The Home of the Clinic Rebuilt in Ninety Days

tlement of insurance occupied us so long that the first move to clean up and rebuild could not be made till December 15, over thirty days later; but when we did cut loose there was "something doing."

Despite the winter with its frosts and cold, its storms of wind and rain and all other "impedimenta," there it stands

acre field with one-inch boards, which cut into strips one-inch square would stretch 800 miles; 4,500 square feet of glass; over an acre of floor space; and steam pipe enough, placed end to end, to reach two and one half miles.

We are now installing our machinery. It will be run entirely by electricity generated in our own power plant in

*Bacillus putrificus* is an exquisite anaërobe, only cultivable uncontaminated or with symbiosis of aërobes regulated carefully.

Gilbert estimated the number of bacteria in the intestinal tract of a healthy adult at 411,000,000,000.—*Med. Record.*

connection with the steam for heat, for glue pots, for dryers for The Abbott Alkaloidal Co., etc., all complete the largest and best-equipped medical journal plant in the world.

I have kept you advised of our progress from month to month that you might know just what was going on—just what we are doing, just what we propose to do.

Interest in active-principle medication is rife, is increasing as never before. The circulation of the CLINIC is increasing rapidly, and as the profession comes to realize that our work may be taken at net—that we are honest, that we say what we believe, that we do what we say, and both believe and do what is right, criticism is growing less and less.

But this work is only fairly begun, the great labor is before us; but with your sympathy, your coöperation and helpfulness it will be accomplished.

There's a great work to be done! Therapeutics *must* be put on a stable, definite, dependable foundation; and when the masses of the profession take hold to pull (they're playing with the rope now) it will be done. Buckle to! We're doing our level best. **HELP ALL YOU CAN!**

Drs. Abbott and Waugh.

#### INTERNATIONAL MEDICAL CONGRESS.

The next session of the International Medical Congress is to be held in Lisbon, April 19-26. It is to be hoped that many Americans will attend. Dr. John H. Musser of Philadelphia is the chairman of the national committee and the secretary is Dr. Ramon Guiteras, 75 W. 55th St., New York to whom all appli-

cations for membership should be addressed. Dr. Charles Wood Fassett of St. Joseph, Mo., is arranging for a party of medical men to sail on the North German Lloyd steamer, *Koenig Albert*. Write him for reservations and for hotel accommodations in Lisbon.

#### THE "SQUARE DEAL"—IS THIS MAN GETTING IT?

Thinking you may be interested or entertained, I am enclosing the list, or "grind," seventy-three of us poor doctors had dealt out to us in January at the Washington State Board examination, 25 per cent of whom got left, yours truly being one of the unfortunates.

Practicians of ten or more years' standing are required to have 70 per cent to pass and on a very conservative estimate, I think I should have been entitled to 75 per cent at least, but instead I was cut down to between 68 and 69. I think you will agree with me that it's far from a practical test and especially for one in practice for eighteen years in two states.

I came out here in poor health and have gained much, but haven't funds to get out of the state. And in trying to begin all over again and fighting down many obstacles over every step of the way, I am only fearful that this will climax my troubles and put me down again and "out of the game."

There should be a national law or reciprocity act, but a poor sinner like me could hardly hope to bring it about and in the meantime a select few can go on heaping all kinds of hardships on men in my position, saying nothing of what it means to our families, thousands

Autosterilization seems to be an attribute of the mucosa of the small intestine; not of the colon.—Houghton, *Med. Record*.

The most rigorous regime of starvation, cathartics and enemata fails to empty the cecum of its germ-laden contents.—Houghton.

of miles away, whom we are striving to provide for and eventually reunite.

There is not a member on this State Board whom I would hesitate to sit down with to pass a really practical examination.

—, Washington.

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We give it as our opinion that almost any of us who have been in active practice for many years without brushing up in the more technical branches would be in just about the same boat as this doctor, who nevertheless is an able practitioner and a conscientious man. Candidly, Brother, do you think *you* could pass such an examination now? (It was hard—we'll testify to that.) Is this the "square deal" which every good American demands and promises to give the other fellow.

Medical practice legislation has become a necessity, to keep the colleges up to the mark and to keep callow incompetents out of the profession; but radical reforms are needed. Reciprocity in registration has become a burning necessity, and it is time that we commenced to fight for it.—Ed.

#### SURGICAL CONSERVATISM.

I wish to say that it's rather amusing to us plain country doctors to read such articles as the one in the February CLINIC by C. P. Thomas, M. D., surgeon to St. Luke's Hospital of Spokane, Washington. One would conclude the doctor is red-headed and tempered like Damascus steel, after reading how he roasts the country doctors on their way of practising conservative surgery.

Enterotoxismus is the price which humanity pays for its artificial environment and urban congestion.—Houghton, *Med. Record*.

We have heard that those who live in glass houses should not throw stones. Our McKinley had an early diagnosis and operation, the ex-secretary of the navy had an early diagnosis and operation, our lamented Dr. Harper had an early diagnosis and operation. One could enumerate cases almost without number as above. I wish to say if it were not for the country doctors it would be a pity for the city fellow. For almost all the really "bright lights" we have in the cities in medicine and surgery got their knowledge while practising in the smaller towns and in the country. I have been surprised, when doing post-graduate work, to see how little attention our noted surgeons pay to therapeutics.

Dr. Waugh's article on "reviving therapeutics," in our January CLINIC is very timely. There seems to be a fast growing craving on the part of surgeons for more business and they show it in their papers, blaming the physicians for not sending more cases for operations. We have an example of the above in an article by Dr. William D. Haggard, Nashville, Tenn., in the *A. M. A. Journal*, January 27, quoting Penzoldt, "that if physicians do not coöperate with surgeons the latter will find the means of acquiring the diagnostic skill necessary to diagnose internal troubles and do without them." I believe a majority would just as leave trust a good physician who is a modest conservative surgeon as a good surgeon who is a poor physician.

W. E. MOORE.

Derby, Ia.

—:o:—

The real truth lies in the middle ground between the opponent extreme positions taken by both Dr. Thomas and

Jansens found an imbecile who has an extraordinary memory for dates; which makes us feel better—we can't remember 'em.

Dr. Moore. The day of the extremist is over; we are each beginning to recognize our brother, the enemy, and when we come to know him we'll be surprised to find that he's a good, true-blue fellow after all.—EJ.

#### DEATH OF CHARLES CHANTEAUD.

Charles Chanteaud the first manufacturer and perfecter of the soluble yet non-hygroscopic alkaloidal granule, departed quietly this life December 10, 1905, in Paris, France, aged seventy-six years.

The father of alkaloidotherapy was Dr. Adolph Burggraave of Ghent, Belgium, who died in 1902, aged ninety-six years, and the father of the alkaloidal granule was Charles Chanteaud of Paris, France, who is as justly styled, the founder of dosimetric pharmacy, as the former is justly styled the founder of dosimetric practice.

The pharmacist comes necessarily after the efficient physician, but neither could the latter come on at all without the assistance of the former. It is only in an age where everything in life is perverted, blessings turned into curses, shame to honor, and ignorance boasted of as wisdom, that the pharmacist becomes unfaithful to the very creator of his calling, the efficient physician. It was not so with Burggraave and Chanteaud. In 1871 Burggraave came to see Chanteaud at Paris, and explained to him, the skilful chemist and pharmacist, his therapeutic doctrines, method and ideas, which however were "irrealizable with the ordinary medicaments then alone in vogue, yet which could be made to mark an immense progress in the

art of healing if these ideas could rely upon an efficiently appropriate pharmacy."

Chanteaud, then a retired pharmacist after fifteen years of successful practice, accepted the task and became associated with Burggraave in the grand enterprise of practical alkaloidotherapy.

In 1878, on January 27, Burggraave wrote to Chanteaud from Ghent, among other things the following acknowledgment: "The aim which we are seeking to reach is at the same time humanitarian and scientific, and without your intelligence of things and your devotedness I would not have been able to succeed. . . . Keep, therefore, this letter in your family archives as your best title to the acknowledgment made."

Charles Chanteaud kept faith to alkaloidotherapy to the last, and had at home and abroad a host of physicians, whose sincere friend he always was, who continued to admire his noble life's devotion to the humanitarian and scientific cause of alkaloidotherapy, and they will continue to do so.

We regret to conclude this obituary with acknowledging, from all we know up to this time, that in the case before us, it was the physician Burggraave who through senile aberration and human failings became unfaithful to his best and steady friend and co-worker, Charles Chanteaud the Pharmacist.

They are both now in the all-equalizing Great Beyond, and we the survivors on the field of action can not but take warning from both the rights and the wrongs of the departed ones who taught us in medicine only that which is good and useful and call after them, "Rest in Peace! You who

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Early stage of acute anterior poliomyelitis: Fever, sore muscles, cries if touched, motor palsy legs or arm 2d day.—Sanger Brown.

Early acute anterior poliomyelitis: Abdominal pain on jolting; stupor two days later; arms palsied later; meningitis symptoms.



did nobody any harm, and you to whom—no! you too hurt nobody.”

E. M. EPSTEIN.

Chicago, Ill.

### PRELIMINARY PROGRAM, TRI-STATE MEDICAL SOCIETY.

For the June meeting of the Tri-State Medical Society of Illinois, Iowa and Missouri the following papers have been promised:

Abdominal Operations Under Local Anesthesia—Dr. F. C. Witherspoon, St. Louis, Mo.

Treatment of Acute Insanities in a General Hospital—Dr. D. R. Brower, Chicago, Ill.

Two Cases of Brain Surgery—Dr. H. C. Mitchell, Carbondale, Ill.

Abuse of “Patent Medicine Whisky,” by the Laity—Dr. C. F. Wahrer, Ft. Madison, Iowa.

The Pilocarpine Group—Dr. W. F. Waugh, Chicago, Ill.

Personal ( and Hearsay ) Experiences with Proprietaries, Patents and Consultants: Good, Bad, Indifferent and Not-Worth-a-D—n—Dr. W. C. Usery, Paris, Ky.

Fallacies Regarding the Regulation of Prostitution—Dr. Alfred de Roulet, Chicago, Ill.

Epilepsy—Dr. Marc Ray Hughes, St. Louis, Mo.

Phlebitis vs. Appendicitis—Dr. J. F. White, Freeport, Ill.

Simplified Method of Cesarean Section—Dr. Emory Lanphear, St. Louis, Mo.

The Drug Treatment of Tuberculosis—Dr. Geo. F. Butler, Chicago, Ill.

Sudden Death During or Shortly after Parturition—Dr. Tinsley Brown, Hamilton, Mo.

President's Address—Medical Evolution Dr. W. C. Abbott, Chicago, Ill.

Physiologic Therapeutics of Hypertension and Hypotension—Dr. J. H. Kellogg, Battle Creek, Mich.

Surgical Treatment of Diffuse Peritonitis, with report of Cases—Dr. John Young Brown, St. Louis, Mo.

Some Observations on General Paresis of the Insane in Women—Dr. Anne Burnett, Mt. Pleasant, Iowa.

Membranous Enteritis—Dr. Alfred S. Burdick, Chicago, Ill.

To Operate; or Not to Operate in Appendicitis—Dr. J. J. Brownson, Dubuque, Iowa.

Medicine: Its Dignity and Virtue, How Sustained—Dr. L. A. Glaze, Grayville, Illinois.

The Present Status of Electricity in Medicine—Dr. C. S. Neiswanger, Chicago, Ill.

Teaching Hygiene in the Public Schools—Dr. Jennie McCowen, Davenport, Iowa.

Tumors of the Scrotum—Dr. D. W. Basham, Wichita, Kans.

A Plea for More Simple and Scientific Therapy—Dr. R. G. Neff, Farmington, Iowa.

Recent Advances in Ophthalmology—Dr. James Moores Ball, St. Louis, Mo.

Cancer of the Uterus—Why the Surgeon Fails to Cure It—Dr. Emil Reis, Chicago, Ill.

Clinical Value of Blood Examination—Dr. E. W. Meis, Ottumwa, Iowa.

Surgical Treatment of Puerperal Pyemia—Dr. C. O. Theinhaus, Milwaukee, Wis.

Incising and Suturing the Liver—Dr. Jacob Frank, Chicago, Ill.

An Aztec Representation of Leprosy—Dr. A. H. Ohmann-Dumesnil, St. Louis, Mo.

Mineral Springs of Illinois, Iowa and Missouri—Their Therapeutic Possibilities—Dr. George Thomas Palmer, Springfield, Ill.

Title Unannounced—Dr. Carl Beck, Chicago, Ill.

Modern Management of Summer Diarrheas—Dr. W. L. Ellis, Grayville, Ill.

When Should We Operate for Infected Fallopian Tubes—Dr. Felix William Garcia, St. Louis, Mo.

Early ac. ant. poliomyelitis: Vomiting, fever, clonic spasm right face, palsy left arm and leg, skin and tendon reflexes gone.—S. Brown.

Early ac. ant. poliomyelitis; Weak, anorexia, fever, knee pains, went to shoulder with sweating, palsy followed on 3d day.—Brown.

Title Unannounced—Dr. H. O. Crowell, Kansas City, Mo.

Title Unannounced—Dr. Lily Kinier, Dubuque, Iowa.

Sigmoid and Meso-Sigmoid in 700 Autopsies—Dr. Byron Robinson, Chicago, Ill.

Does "Conservatism" Pay in the Treatment of Chronically Inflamed Uterus and Tubes?—Dr. John C. Murphy, St. Louis, Mo.

The Clinical Significance of Chronically Enlarged Tonsils—Dr. C. A. Boice, Washington, Iowa.

Tubercular Arthritis—Dr. Jacob Geiger, St. Joseph, Mo.

Prostatectomy—Dr. F. Kreissl, Chicago, Ill.

For further information concerning this important meeting, read the editorial on page 435.

#### FATHER EPSTEIN SUGGESTS A NEW WORD.

'It is March the 17th today, St. Patrick's day, and as usual it is my birthday; but this year it is not like my past birthdays, for this is my seventy-eighth one. And as I am thinking of the beginning of the end of human life, I was thinking also of the long ago beginning end of it, the childhood end, for surely what we call visible life has two ends, even if this visible life be but an arc-section of our endless invisible one.

Now that long ago end has, medically speaking, a classic terminology, viz., "Pediatriy," which means the medical treatment of childhood, and which should be, what it ought to be, both prophylactic as well as nosologic. But what is the word for the medical treatment of old age? Do you know, my dear editor? I don't, but shouldn't there be one? And lest anyone slash on the so often misplaced "pathy" to the Greek noun for

old man, which is "geroon," and coin such a monster as "gerontopathy," which would only favor Metchnikoff's idea, that old age is a disease, a "pathy," I propose, Sir, on this my birthday, the word "Geroiatriy," meaning "treatment of the aged." Thus we have a like medical terminology for the two ends of human life, viz., "Pediatriy" and "Geroiatriy."

Please, dear sir and brother, to put this to the vote of the CLINIC family, and believe me just what I am,

OLD FATHER EPSTEIN.

Ravenswood, Chicago, 1906.

#### A PERSONAL EXPERIENCE WITH BUBONIC PLAGUE.

Herewith I give my own experience with bubonic plague. I hope you will kindly find space for it in your valuable journal.

I had suffered twelve years from a very large liver abscess which was due to great violence on my part, when my liver was congested, in extracting a supernumerary tooth from a young, robust coolie. I was kept in bed for six months. The abscess was opened at T. T. Hospital, Bombay. Some 120 ounces of pus came out on the first day. An opening in the median line between umbilicus and ensiform cartilage was made and a counter opening on the side of the chest. A drainage tube one-half inch in diameter was inserted. It was there for three months and the abscess cavity healed beautifully.

Since then my general health has been broken, still I carried on an active practice and since the appearance of plague in India I have directed all of my energies to prove the proposition put forth

Early ac. ant. poliomyelitis: Headache, malaise, insomnia, leg pain, motion impaired, legs and bladder palsy next day.—S. Brown.

Acute infection, child or young adult, late summer, or early fall, suggest onset of acute anterior poliomyelitis.—S. Brown, J. A. M. A.

before the Indian Government by one Mr. Gumpel, an electrical engineer in London, that the great havoc in India from plague is due to lowered national salt consumption and that salt water (normal saline solution) would be the best plague preventative in an infected community. For the last five years I have been preaching Mr. Gumpel's mission in India at least two months in the year, spending the remaining nine or ten months in private practice.

At the beginning of this year I had leisure, as I had to watch only one case, in a jungle. I took the CLINIC literature in hand and read with great delight Shaller's Guide and went through the articles in the Alkaloidal Digest. I was so much convinced by theory of the action of calcium sulphide, nuclein, aconitine, etc., that I took a vow never to touch again the old crude drugs. My sister who was given up by Bombay physicians as tubercular was treated by me by high saline enemas and massage which improved her a good deal, and then after your advice and a supply of medicine came to me I put her on pure nuclein, which gave her good tone.

So far everything was stimulating my mind, but in two months terrible family calamities fell upon me. I had left for Bombay with an intention of preaching exact therapy and salt physiology but very soon after my arrival in Bombay I learned that my elder brother was down with the plague at Kolhapur. I went back and found him pulseless and dying. Still, for seventy-two hours I played on his body with calcium sulphide, triple arsenates with nuclein and hot brine baths. I could observe in his case the action of sulphide. After administer-

ing 1-6 grain he was clear-minded for at least half an hour. With triple arsenates and nuclein, his mind would become clearer, but it did not restore speech and he died a calm and quiet religious death. With every breath for the last half-hour he would utter distinctly the name of the national Hindu god, Rama. The greatest ambition of every Hindu is to utter this name at the time of death and to join one's own spirit with Rama.

My younger brother was at Poona. He was wired before the death of my elder brother. He had been very much worried for the last year by business anxieties and he fell a prey to plague three or four days after my elder brother. I had my old mother of seventy. She practically gave up her food and died within one week. I lost one more soul in my own family, the youngest son of my elder brother. My youngest son, two years old, was down, but he recovered under high saline enemas, vapor bath, calcium sulphide and brine baths. The wife of my younger brother who died was down with the plague but she recovered under the same treatment. I must add that my younger brother being of a religious mind did not believe in any medication and did not take any medicine until he was unconscious.

I have given this long history for one reason, to show how seriously my mental system was shattered. I was very low in spirits and I was thinking of going on the tour for change of scene and for preaching my mission. I had fixed the 5th inst. as the day of my departure, but on the 3rd inst., a young graduate in engineering, who had passed his examination only a few days before, was attacked by plague, and I was detained from go-

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Examine your remedies; drugs not true to name, impure, adulterated, etc., cause lack of faith in medicine.—J. R. Landers.

Most of my failures in practice have been caused by the want of purity and uncertainty in the strength of my medicines.—Landers.

ing, by his guardian, who was the best friend of my older brother and who from his childhood had treated me as his younger brother. I did my best for this young boy with high enemas, intestinal antiseptics, calcium sulphide and nuclein, but he died on the seventh day. Possibly he was malaria stricken for the last five years and his strain at the college for five continuous years had undermined his system.

I was treating one more case in extremis with dosimetry and I was exposed for two cold nights. The very place I was living in was not free from infection because rats were dying around. The morning of the 11th inst. I got up very low and had to go to the dying plague patient whom I was treating. He was huddled up in a small tent and the odor there was sickening. I ran to my hut and found the whole of my right face and neck was swollen and painful in the extreme. I felt as if my right eye were bursting and the bones of the jaws were being hammered. The right side of my neck felt like a cucumber and was throbbing like anything.

I knew what I had to fight and gave instructions to my wife how to treat me. I was very hungry and I ate some rice and milk. Within half an hour I had a severe headache and high fever. My wife gave me a large amount of hot salt solution (1 per cent) to drink and I washed out the stomach completely. A high saline enema was administered and the bowels were flushed. The face was vaped every second hour for ten minutes and I was poulticed (so to say) with a cloth dipped in hot brine and kept moist by pouring warm solution over it often. At night I took one vapor bath

for the whole body, followed by a cold douche and a hot brine bath.

Next morning the whole of my swelling was reduced nearly to normal and nobody would have said there was any swelling. In the evening before I took my vapor bath my medical brethren of the town hurried up to me, Drs. Vative and Dr. Parandeker. I told the former, my best friend, and who is the head of the Hospital here, that he had no right to treat me as he had not studied alkalometry, though I had been insisting on it for the last six months. I told Dr. Parandeker to treat me dosimetrically, which he promised to do and paid me two visits daily.

On the 12th and 13th I was very bad with vomiting and diarrhea. I do not remember what kind of stools I had, but my wife says they were serous. Though Dr. Parandeker was guiding me, I was not following his advice completely. I remember to have taken on the 12th and 13th the six granules of defervescent compound one every half-hour in the evening. I took four granules of calcium sulphide on the 12th and 13th and some few tablets of intestinal antiseptics.

On the 14th, I began to feel very severe pain in my right shoulder. I could feel the whole right side of my chest very, very heavy. Cough was troublesome and I was sure I had pneumonia. I requested my doctor friends to tell me the exact condition of my lungs and they did not tell me anything, as they thought I would be frightened. I asked my wife who was nursing me to give me calcidin every second hour. My friend, Dr. Vative, removed me to a more comfortable place which was very near his house and

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When I have genuine, unadulterated remedies, failure is due to imperfect knowledge of application and utilities.—Landers.

Pure remedies, correctly applied, to symptoms rightly interpreted, will not fail. Therapeutics is the desideratum.—J. R. Landers.

assisted my wife in every possible way, but he did not listen to one of my requests which made me very much excited and I became quite angry with him, and that request was to remove my children away from me. My children being very fond of me he found it impossible to separate them from me and my wife. He had actually removed them to a house of a friend, but they refused food without me and he was obliged to allow them to see me.

The night of the 14th I was restless and had no sleep. On the 15th I took calcium sulphide, 1 grain by enema and nuclein with triple arsenates by mouth, 4 granules. During the night I was restless and had no sleep. Dr. Vative sent me a dose of bromide with chloral which I threw away. I summoned him to nurse me. Poor fellow, the tie of friendship obliged him to come to my bedside and the whole night he was assuring me that I was not to die, my pulse was so beautiful; only the restlessness was very great and I thought I was dying. The cough was bad enough.

At midnight I got my pocket case from my wife and I took what I thought to be nuclein with arsenate. I requested Dr. Vative to copy out my will as I would repeat, but he did not think it was necessary as he was guided by my beautiful pulse. On the morning of the 16th, I got up quite agitated and inclined to talk. I knew I was beyond my own control.

Here I must add another point. Early on the morning of the 16th, I heard the voice of my friend, one Mr. Deshapande, an officer in the Baradu state saying, "I am normal." This friend of mine was lying ill at Bombay under the treatment

of Dr. Bhajekar, F. R. C. S. I wanted to see this Bhajekar but as he was pinned to the bed of Mr. Deshapande I did not like to wire him, but as soon as I heard the voice I managed to wire him through a friend to come down at once, stating in a letter that I knew Deshapande was normal. [Here is an illustration of telepathy.—Ed.]

On the 16th in the morning I got up quite agitated, inclined to talk a good deal. Another doctor friend of mine, Miss Kelowkar, came to see me with her old father, for which gentleman I have very great reverence. He asked me to be quiet and obedient to Dr. Vative and advised me to take a good dose of bromide and chloral. I told him, "I have taken a vow not to take crude drugs. He may give me an ice-pack to the head, but first of all he must put down on paper my will and whatever word I shall utter."

I told him that I felt my whole body as if charged with electricity and if he were to touch me I would be petrified, my blood would be coagulated and I would be a rigid body in no time. He tried to argue with me and then I became senseless. Drs. Vative and Kelowkar took over the charge of my body by force and I began to beat everybody and anybody with stones and whatever came to my hands with great courage. These two doctor friends tried to manage me and gave me I was told an enema of bromide and chloral and they thought I went to sleep but I remember what I was doing.

Early in the morning I had requested Dr. Vative to take out my liver and preserve it as a scientific curiosity, as there was not a case of such a big abscess be-

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If the doctor be not adept in therapeutics I'll take the old woman and her yam tea in bilious colic.—Landers.

Physicians study anatomy, physiology, biology, chemistry, etc., for the purpose of qualifying to heal the sick.—J. R. Landers.

ing cured and the patient having a healthy life for twelve years after recovery. He had not given heed to this request of mine and when I was under the influence of bromide and chloral what I did was to cover myself from head to foot and press my heels to the ground and right elbow on one side of my liver; the neck was deeply pressed, and I thought I got the whole of my liver, without any incision, out of the rectum.

There were two photos in my sight, one of the Maharaja of Kolhapur and the other of his younger brother. As soon as I thought that my liver was out of my body I threw it toward the Maharaja and I thought he threw it towards the younger brother, asking him to make a soup of it. I requested him not to make soup of it but to send it to the University College, London, as a scientific curiosity.

Under these hallucinations and wild delirium I passed the day of December 16th, Drs. Vative and Krishnabar constantly watching me and dosing me in the evening. There were torrents of perspiration, and a lot of urine was passed. My temperature became 98° F., which was never below 102° F. till now, at times going to 103° to 105° F., and I became quite conscious but very weak. I enjoyed good sleep that night, and next morning I was given quinine and ammonium carbonate, and after three days' stay there I was removed by Dr. Vative's permission to my friend and patient, the chief of Mehalkeray's care. I was very weak in mind and the slightest things troubled me most, but as soon as I was removed from the infected place to a healthy locality my mind began to clear and my appetite began to reappear. It

is nearly a week since I came here and I am strong enough to write all the details of my case. I have grown so strong that I have written to many of my friends my whole history.

I have three children of my own and one child of my step mother-in-law with me and after my arrival here three of them got fever, enlarged glands and the youngest got a very bad diarrhea and delirium. I directed my wife to treat them all with high saline enemas, vapors and give them the antizymotic pills three a day. Only my daughter required defervescent compound number two for a day. My fourth child, my eldest son, aged five, has been constantly with me from my sickness. He slept in my bed, even in my pneumonic stage. I give him daily normal saline and the antizymotic pill, one or two in a day and flushing of the colon every second day. He does not show any signs of weakness and I am glad to say he has escaped till now and may escape altogether.

This is a brief history of my plague experience. Calcium sulphide and nuclein I prize most and I hope the physicians here will study more of their own medicine, i. e., they will have to come to alkalometry and instead of saturating their patients with brandy that they will saturate them with calcium sulphide and nuclein. But after all I believe in Fate, and if India is to be miserable they will not get the desire to study your methods.

VAMAN BAJI KULKARIN.

Kolhapur, India.

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This is a remarkable experience such as few men have lived to report, and it is told in a remarkable way. The de-

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Don't trust the man who always wants to trust everything to nature. Nature may decide to kill; the patient objects.—Landers.

Forget "let nature take its course." Rightly interpret and meet symptoms, lessen danger and shorten agony and illness.—Landers.

tails concerning the disease are given simply, but with a startling vividness, which brings home to us its terrible devastation and must arouse our deepest sympathies, which with all the CLINIC family we extend to Dr. Kulkarin in these days of weakness and affliction. Never before have we had the opportunity to read the personal record of a mind wandering under the stress of delirium during an attack of bubonic plague and it is therefore peculiarly good fortune that the CLINIC family gets this record at first hand, veritably from the lips of one of their own number, a skilled physician, who has been close, very close, to death and felt all its agonies. The pneumonic form of plague from which he suffered is the most deadly type of the disease and by many has been described as being almost inevitably fatal. That he recovered may reasonably be ascribed, in part at least, to the use of calcium sulphide, nuclein and the saline solutions, with other synergistic medication.

The fact that the doctor was just convalescing from plague when this letter was written makes it all the more interesting. Everything, every detail of the disease, all his thoughts and delirious imaginings, were still as vivid as when he went through the dread experience. In a later letter, telling of writing this account, he says: "I was really very weak that day and even now I have not regained my health; but I hastened to write off everything, as I thought my memory would fail after a time, but to my surprise I am recollecting all things in detail, so I may make some additions to my case which may be of value in studying mental medicine." We shall hope,

then to hear from Dr. Kulkarin again.

We believe the doctor is right in his belief that active-principle therapy holds the greatest promise in the treatment of plague. Calcium sulphide, especially, should yield decided results, but it should be given with no timid hand. At the first evidence of the infection, or better still, on exposure, saturation should be commenced. Push it, push it, push it! Do not stop till breath, urine, skin, every secretion simply reeks with the odor of sulphureted hydrogen. At least a grain an hour should be administered at the start and it should be continued till danger is past. Don't be afraid to give more. But while giving the calcium sulphide do not forget other things. The clean-out policy is as essential here as anywhere. Give repeated doses of calomel, and use enemas if necessary to empty the lower bowel; follow with your saline and then push the sulphocarbo-lates. Support the heart with strychnine arsenate and digitalin; if fever is high give the dosimetric trinity or the defer-vescent compound according as it may be sthenic or asthenic. Nuclein is especially indicated here and may be given hypodermically or dropped on the tongue. All these things and many more will naturally suggest themselves to the physician. The use of saline solutions by enteroclysis or hypodermoclysis is certainly indicated in every severe case—and every case of plague is severe.

India, with its teeming millions, its poetic past and its present problems, interests us greatly. There is a glamour about the East which casts its spell over us; but there is a duty also—for the present. Dr. Kulkarin writes feelingly of the medical problems, especially as

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If you are going to let nature take its course and leave your forceps at home, why not stay there yourself?—J. R. Landers.

Albumin is present in 80% of normal pregnancies—casts in 30%. There's no reason to blame eclampsia on this state.—Brown.

they affect the native practitioners who are largely charged with the lives and death of this vast population. His letter is a veritable Macedonian cry. We long to reach out a helping hand, to do something to aid in the struggle to save the thousands of lives which are being sacrificed annually to the twin Molochs of Cholera and Plague. Can we do it? Shall we do it? These are questions which you, readers of the CLINIC, must help us answer.—Ed.

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#### MEDICINE FOR ACHING BACKS AND TIRED HEADS.

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The new name of the CLINIC sounds a little more dignified, somewhat more euphonious, perhaps. It is certainly broader in scope. May it never grow less helpful, less democratic, less American. I have learned to look forward to its coming as a very dear and highly-prized friend because out of its pages and through the kindly help of its very able editors, I have learned *to do things*—things that I have been taught to believe impossible; among them is to jugulate pneumonia and other acute diseases in their incipency, to relieve old men with enlarged, leaky, impotent bladders, and many, many other things. I do not expect the change in name to lessen the pleasure nor profit of its monthly visits. Phoenix-like I believe that it will arise out of the ashes of a glorious and brilliant past to glow with a brighter light if possible than ever before.

Few individuals perhaps amount to much in the great cosmogony of nature. But here and there stand men who have blazed a way through the brambles and thorns that infest the path of life. This

cannot be done without bleeding hands and torn clothing. It has been your part, Dr. Abbott and Dr. Waugh, to blaze the trees and clear the ground for a more rational therapeutics, sown and cultivated by centuries of error, stupid conservatism and prejudice. These noble aborigines have taken many a shot at you, have wounded you at times, no doubt, but never seriously, while the path grows ever clearer and broader. May you live long to prove that the Osler school is not always right. Young men know many things—but who are the young men? Are not these the young men who, regardless of the years of life, keep mind and heart open to the purest and best, and who, like Paul, die “fighting the good fight” until their course has been run? Only drones who “have no time to read” grow *old*. Some seem born aged and musty. May you never be Oslerized nor your shadows ever grow less is the wish of

J. W. SHOOK.

Canal Winchester, O.

—:o:—

One of the things that goes further than insurance to compensate us for our loss, is the kindly expression of sympathy which keeps pouring in upon us. Few people realize what these expressions are worth to men who sometimes feel like sinking under burdens they are attempting to carry, and would do so were it not for the imperious admonitions of duty.—Ed.

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#### ECLAMPSIA OR EPILEPSY?

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I have in the past years attended several cases of puerperal eclampsia, a disease terrifying to both attendants and

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There is some connection between albuminuria of pregnancy and the extra-renal cause of eclampsia.—Brown, J. A. M. A.

Neither any normal end product nor any known intermediary product of metabolism is the cause of eclampsia.—Brown, J. A. M. A.



physicians, a disease of the gravest character, requiring to save life, close and assiduous attention. I would suggest for the benefit of the young practitioner that there is a possibility that the diagnosis in some cases might be amended, as occasionally we find an epileptic attack following normal labor.

It were well to be alive to the possibility of the lighter or more evanescent disease and thus be saved from a grave or at least mortifying mistake in personal practice, as the tendency in puerperal eclampsia is to death in a few hours.

W. W. ELMER.

Spokane, Wash.

—:o:—

Dr. Elmer's warning is perfectly appropriate. Because a woman at time of labor has a "fit" the physician should not jump to the conclusion that it is eclampsia, however strong the presumptive evidence. Inquire concerning the family history, as to whether the patient has had convulsions before this, if the attack was preceded by headache, vertigo, nausea, if the urine was diminished in quantity and if it had been tested for albumin and the output of urea. Familiarity with the clinical pictures of the two diseases will bring out points of difference. But do not waste time on your diagnosis. Learn to master the essential facts quickly and to act! Eclampsia is indeed a dangerous disease and there is no place here for temporizing measures. Eliminate! Clean the bowels out thoroughly with a salt enema. If the patient can swallow give calomel and follow with the salines, or better still in urgent cases, purge with elaterin. Promote diuresis with the pack or an

alcohol sweat. Meanwhile give veratrine. Use it hypodermically in large doses, frequently repeated, thereby reducing the frequency of the pulse to 60 or thereabout, and keeping it there. Work—and think!—Ed.

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#### "CICUTINE IN MOTOR EXCITABILITY AND MANIA."

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I find cicutine hydrobromide useful in the motor excitement of mania and melancholia. Just use it only in cases in good physical condition.

W. M. K.

—, Massachusetts.

—:o:—

We have had the same experience, alternating it with hyoscine hydrobromide.—Ed.

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#### CEREBROSPINAL MENINGITIS.

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In the *Chicago Medical Times* for September Dr. H. W. Felter, Cincinnati, Ohio, has a most interesting article on "Epidemic Cerebrospinal Meningitis." The remedies he recognizes, it is true, are many, but he deals with the question of treatment more in a suggestive way and the practitioner is left to make his own selection according to the conditions existing. Among the drugs especially recommended are echinacea, baptisin, gelseminine, lobelin, aconitine, veratrine, ergotin and pilocarpine. He calls attention to the fact that hot applications are preferred by the eclectics to the use of ice bags. In an article in the May CLINIC our views as to the treatment of this condition were expressed fully and in many respects Dr. Felter coincides therewith.

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Deficient thyroid or parathyroid activity may play a part at least in some of the cases of eclampsia.—Brown, J. A. M. A.

In the placenta are formed the toxic substances which probably are responsible for eclampsia.—Brown, J. A. M. A.

# AMONG THE BOOKS

## DUNCAN'S "NEW KNOWLEDGE."

The New Knowledge, A Popular Account of the New Physics and the New Chemistry in their Relation to the New Theory of Matter. By Robert Kennedy Duncan, Professor of Chemistry in Washington and Jefferson College. Published by A. S. Barnes & Company, New York. Price, \$2.00.

Within the last decade marvelous changes have been made in our theories as to the nature and attributes of what we used to call "matter"—in the light of the "new knowledge" this word has ceased to be appropriate. This book is an attempt to popularize facts and theories and present them in a form which any one can grasp. If you would understand the "law of periodicity" of Mendeleef, a law which has enabled the scientist to describe with accuracy and detail various undiscovered elements, and which Duncan calls "God's alphabet of the universe;" if you would know how those minute negatively charged bodies, the corpuscles, a thousand of which only equal in mass an atom of hydrogen, were weighed and measured; if you would know about ions, x-rays, alpha, gamma and beta rays, about that wonderful substance, radium, and its properties; of the electrotonic theory of matter, according to which matter in its last analysis is identical with electricity—and many things more, then read this book. You will learn much to amaze you, as for instance that the atom is no longer regarded as the ultimate in the

divisability of matter, that radium, an element, may be converted into helium, another element, and that the dream of the "philosopher's stone" is within the realm of the possible. The book is written in a fascinating style and every person interested in the advancement of science should read it.

## HEITZMANN'S URINARY ANALYSIS.

Urinary Analysis and Diagnosis by Microscopical and Chemical Examination, by Louis Heitzmann, M. D. Second revised and enlarged edition, with 131 illustrations, mostly original.

The contention of the author is, that the microscope will give us a better differential diagnosis in kidney and urogenital diseases than chemistry. His father before him devoted his life to the same subject which his son is now pursuing. He divides this book into three main parts. First the Chemistry of the urine in health and disease, to which fifty-nine pages are given. Part second, 117 pages, is given to the consideration of Microscopical Examination, and part three, 129 pages, is given to Microscopical Urinary Diagnosis.

The author is thorough in his contention, and is full in word and illustration as to how the microscope is to be interrogated in the diseases of the genitourinary organs. The illustrations strike us as semischematic, which however, will not interfere with one who is familiar with the microscope in following the author's advice, which is certainly worthy

to be listened to and acted upon when occasions demand. We hope to hear about the book from the competent clinical laboratories of the country in confirmation of the author's contention.

Publishers Wm. Wood and Co., New York, 1906. \$2.50.

### **SCHAMBERG'S DISEASES OF THE SKIN.**

A Compend of Disease of the Skin, by Dr. J. F. Schamberg is one of Blakiston's excellent "Quiz-Compend," which in its present fourth revised and enlarged edition is fully up to date and will serve its purpose excellently. 1905. \$1.00.

### **MOYNIHAN'S GALLSTONES.**

Gallstones and Their Surgical Treatment, by G. A. Moynihan, M. D., (London), F. R. C. S. (Leeds) Second Edition Revised and Enlarged.

The profession in England and here perceived at once that an excellent aid was given it by the author in the first edition of his monograph, and it was sold out in eight months. We said in our review of that edition in the May, 1905, *CLINIC*, as follows: "The book is remarkably thorough and exceptionally well illustrated and luxuriously printed. It is a masterly work by a master who has gathered knowledge from many quarters on this distinct surgical disease where reflex actions are almost ubiquitous in the body." The present second edition is enlarged some seventy pages, including a chapter on congenital abnormalities, absences and dislocations of gall-bladder and ducts. This is a rare

chapter and worth untold more than the dollar increment of this edition. Publishers, W. B. Saunders & Co., Philadelphia and London, 1905. \$5.

### **WILLIAMS' FOOD AND DIET.**

Food and Diet in Health and Disease, by Prof. R. F. Williams of the Medical College of Virginia, is a very useful book for the layman as well as for the physician. We are awakening to the truth, that the *materia alimentaria* is quite as important as the *materia medica*, that if the former were better understood and rationally practised the latter would be less required in life. Professor Williams writes, we think with this intention. His style is lucid, his ideas are void of the usual extravagance of popular writers on this subject, which overshoot the mark and but fizzle out like a rocket. The only regret we have is that the author is so brief, while we cannot but think that he had more to say worthy of taking to heart. Let us hope for a larger and fuller book, especially in the first part.

Publishers, Lea Bros. and Co., Philadelphia and New York, 1906. \$2.00.

### **CHURCH AND PETERSON'S NERVOUS AND MENTAL DISEASES.**

Nervous and Mental Diseases, by Archibald Church of the Northwestern University and Frederick Peterson of Columbia University, New York, fifth edition thoroughly revised.

We had the pleasure of reviewing the third edition of this work, in the November *CLINIC* of 1901. The work is brought up to the knowledge and theor-

Pregnants' nerves too sensitive, their blood is abnormally toxic, muscles more easily convulsed than non-pregnants.—Brown.

Rueder's experiments locate power of killing streptococci in the leucocytes and not in the blood serum.—J. A. M. A.

ies on the subject at present. But we still miss in this edition, as we did in the third, any mention of sunstroke as a cause of insanity. We are reminded of this omission by the sad suicide lately of a young man in Michigan, whom we attended for insolation in West Virginia over ten years ago, whom we benefited but who became demented when we left that state. There is also brain disease in the father now, and there was epileptic trouble in the sister of the suicide. On the basis of this bad anamnesis the young man's sunstroke offered a sad prognosis from the start. We doubt whether insolation is ever cured, and the percentage resulting in mental disease must be large. The work is published by W. B. Saunders & Co., Philadelphia and London, 1905. \$5.00.

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**"BACK TO NATURE."**

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A neat booklet entitled "Back to Nature," published by the Egg-O-See Cereal Company, Quincy, Ill., we are told is to be distributed among physicians, who it is hoped will read it and inwardly digest its contents and then propagate the sentiment of a better diet than now obtains in this country. There is too much flesh and too little of vegetables in our diet. There is too fine flour in our bread. This booklet urges a certain food made of the whole wheat, which we have tried and found excellent and all the booklet claims for it. Ask for and read it.

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**FREDERICK'S EASY ANATOMY METHODS.**

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Quick and Easy Anatomy Methods, by E. Victor Frederick, is a device to

aid the students' memory by association of ideas. Published by F. A. Davis and Company, 1903. \$0.50.

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**HOWARD'S SURGICAL NURSING.**

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Surgical Nursing and the Principles of Surgery for Nurses, by Russel Howard, M. B., M. S. (London), F. R. C. S. (Eng.).

This book is intended not only for surgical nurses but also for junior students of medicine who wish to know more of practical surgery. The nurse will be more reliable and helpful to the surgeon the more he or she may know the why and wherefore of the surgeon's demands and commands, and the better will they be carried out for the good of the patient. Publishers, Edward Arnold, London; sent to us by Longmans Green and Co., Publishers, New York, 1905. \$1.00.

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**RADASCH'S HISTOLOGY.**

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A Compend of Histology, by Dr. H. E. Radasch is one of the Blakiston's Quiz Compendes. The chapter on technic is unusually full and is recommendable for the laboratory. The rest of the volume is more than sufficient for the purpose for which "Quizes" are had. Publishers, P. Blakiston's Son & Co., Philadelphia, 1905. \$1.00.

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**BURGESS' NEW FIELD.**

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The New Field, by W. H. Burgess comes again to our desk for notice. The three parts: Diagnosis, Therapeutics, and More Difficult Conditions, are now together in one little volume, bound in

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Exceptionally strychnine stimulates the vagus center, arousing its inhibitory effect and slowing cardiac rhythm.—Brown, *J. A. M. A.*

Strychnine stimulates the vasomotor center.—O. H. Brown, *J. A. M. A.* But Sajous says there are no vasomotors, therefore no centers?

flexible leather cover. The work is revised, and published by the author at Avondale, Chattanooga, Tenn. Price \$1.50, in a cheaper cover \$1.00. This little book does not speak oracularly *ex-cathedra*, but it is well to remember that there are some good things to be heard coming *extra cathedra*.

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#### TANNER'S POISONS.

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Memoranda of Poisons. This little book, 5 1-2 by 3 1-2 inches, 177 pages, closely printed, is by the well known English author, T. H. Tanner, M. D., and is edited from the tenth edition in this country by Prof. H. Leffman. It is a very useful little book, and if one wishes it to be useful to him in an emergency, as cases of poisoning usually come, we would advise that the book be read through so that familiarity may be acquired with the author's classification of poisons and to the symptoms presenting themselves. Publishers, P. Blakiston's Son & Co., Philadelphia, 1905. \$75.

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#### NORTHCOTE'S CHRISTIANITY AND SEX PROBLEMS.

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Christianity and Sex Problems, by Hugh Northcote, M. A., is not a book for a mere superficial reader, but for one who thinks and thinks profoundly, fearlessly, absorbingly. The reading of this book leads to the sad conclusion that there is no remedy yet in sight for that which both blesses and curses the human race; yet let the thinker read this book, for we think that, "A decided calamity is more safely borne than a suspended fortune."

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O. H. Brown says no such sudden marked effects follow glonoin as follow a "pure nitrite." They're sudden enough for our uses!

Publishers, F. A. Davis Co., Philadelphia, 1906. \$2.00.

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#### ROCKWOOD'S PHYSIOLOGICAL CHEMISTRY.

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A Laboratory Manual of Physiological Chemistry, by E. W. Rockwood, Ph. D. of the University of Iowa. Second revised edition, enlarged. A very useful, concise, but clear working manual. Publishers, F. A. Davis and Co., Philadelphia, 1906. \$1.00.

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#### WILLIAMS' BACTERIOLOGY.

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A Manual of Bacteriology, by Prof. H. N. Williams of the University of Buffalo, revised by Dr. B. M. Bolton, of the Bureau of Animal Industry, fourth enlarged edition.

The author's aim is to give what the physician must necessarily know of bacteriology, and not burden the frequently overtaxed mind of the medical student with what may be safely left out in his curriculum, while the principles of the science are inculcated. Publishers P. Blakiston's Son and Company. Philadelphia, 1905. \$1.75.

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#### DOUGLASS' NASAL SINUS SURGERY.

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Nasal Sinus Surgery, With Operations on Nose and Throat, by Beman Douglass, of the New York Post-Graduate Medical School and Hospital.

The book is a carefully detailed monograph extensively illustrated, which promises to be a very helpful aid to the specialist as well as to the general surgeon. Publishers F. A. Davis Company, Philadelphia, 1906. \$2.50.

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Strychnine and glonoin are directly opposed to each other in their effects on the circulation.—O. H. Brown, *J. A. M. A.*

# CONDENSED QUERIES ANSWERED

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## ANSWERS TO QUERIES.

**REPORT ON QUERY:—**The report of your scientific laboratory of 3rd. inst., was duly received as was the letter which followed it. The reason I sent no fuller particulars concerning this case was that the woman felt that she was unable to afford the expense of an examination, and I thought I could probably manage the case, if I could feel sure that there was no extensive kidney disease. Now, however, that you have raised the questions of recto-vaginal fistula and probable gonorrhea, I feel that I ought to render everything positive, get your opinion concerning the presence or absence of the gonococcus in an active state and whether it is the cause of any pathological condition of the woman's genital passages. Please state specifically in your report whether the germ is in an active and virulent condition, or whether it is found without the pus-cells and is attenuated and therefore not giving rise to active pathological changes. The fact that you found pus-cells in the urine (doubtless vaginal in origin), and that you do not mention the presence of the gonococcus in them, I take to signify, as far as it goes, that there are no gonococci present.

I will now try to answer the questions you put concerning the doubtful points in the case:

1. Amount urine in twenty-four hours is about 64 ounces.

2. Of course I am not *sure* that it is not a case of gonorrhea, for I have had no examination of the vaginal secretions; but the history and progress of the case would lead me to think that it is not. However, that you can ascertain on examination of the specimen.

3. The patient's general condition is good, notwithstanding the fact that she is nursing her infant.

4. I regard her elimination as in every way good.

5. In my first report I think I said that the stools were of the character called lenteric, with some mucus and difficulty in retaining feces when seized with a desire to defecate; now, however, after a fortnight's use of the antiseptic tablets, the stools have an appearance almost normal, no undigested particles, very little insufficiency of the rectum, and lessened frequency.

6. The liver is not enlarged, nor tender.

7. The tongue is clean and moist.

8. The eyes are perfectly normal.

9. Appetite vigorous.

10. Pulse normal in quality and frequency.

11. Skin moist.

12. No cervical nor vaginal tears; some cervical catarrh with slight erosion of epithelium around os uteri.

13. Uterus slightly enlarged and slightly displaced downward.

The treatment has been substantially what you have recommended. There has been no dropsy since last July, as I think I stated in my first letter.

To make sure I am forwarding under separate cover a specimen of the vaginal discharge taken from the fornix vaginae. If you find that the woman has gonorrhea kindly report the fact in technical terms.

M. F. C.

—, Indiana.

—:o:—

The detailed report of our patholo-

gist has gone forward to you. As you will note we were correct in our supposition, the pathologist finding gonococci present within the pus cells. This clears up the whole matter. We are glad to note that the intestinal symptoms have improved. Now, vigorous and prolonged treatment of the pelvic organs may prove curative, but like so many other women, this patient is condemned, we fear to continuous uterine disorders. It is altogether probable that the gonococci have penetrated even beyond the uterine cavity. We have just seen a case of double pyosalpinx and appendicitis in a lovely young married woman. Gonococci in pus everywhere.

This report upon a case already considered will serve (when taken together with the result of our pathologist's report) to accentuate the necessity for suspecting gonorrheal infection in *every* case of uterine or ovarian disease making its appearance without due cause in young matrons. The same thing applies to numerous cases of rheumatoid arthritis. Elsewhere just such a suspicious case is reported. In this instance we suspected from the first gonorrheal invasion and a microscopical examination proved us right. Now the physician at least knows what he has to deal with. The present "pleasant" custom of allowing men who have been running the town to marry pure girls anywhere within a few months after presumably being cured of a gonorrhea is directly re-

sponsible for this appalling state of affairs. No physician should sanction the marriage of a known gonorrheal patient until he has been absolutely free from even a sign of morning drop for six months and repeated examinations of urine fail to reveal gonococci. Thousands of young wives are infected the first month of marriage, the marital relations causing a latent gonorrhea to light up in the male. As a result they become pelvic patients after, if not before the birth of their first child, and doctors treat and surgeons cut till there is nothing of the woman left. And the man marries again—and repeats the performance. Doctor, cure your gonorrhea cases and suspect gonorrheal infection in your pelvic and rheumatic cases and don't rest till you have positively proven yourself wrong—or know that you are right.—  
Ed.

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ANSWER TO QUERY 4908:—"Infantile Indigestion." I had a case exactly like that. The only food that was found available was whey made from sweet milk by the use of the essence of pepsin adding a small amount of cream just before feeding. For the chafed parts, wash carefully each time of changing, apply fresh unsalted lard and dust over with a powder of lycopodium and a very little salicylate. When born, the child, male, weighed ten pounds, and at one month seven pounds, now at sixteen years, weighs one hundred and forty pounds and is six feet tall.

O. K. C., California.

## QUERIES

QUERY 4984:—"Embalming Fluids." Can you furnish or refer me to some good literature on the so-called "embalming," method of procedure, fluid

used and who is supposed to be an "authority?"

It seems parties who sell coffins, any ignorant furniture dealer, pretends to

One knowing all collaterals but deficient in knowledge of remedies and their applications is a bedside failure.—Landers.

The ability to do a tracheotomy does not indicate that the operator knows how to preclude its necessity.—J. R. Landers.

"embalm." A recent case consisted in injecting into the body a few hypodermic syringes full of fluid, charging the parties \$35.00. He said the job was worth \$75.00. Besides he sold the coffin and trimmings. May we have a complete article some day in the CLINIC covering this subject—the right methods and the frauds?

G. N. M., South Dakota.

You will find the following books of interest: "Champion Text-Book of Embalming," Myers, Springfield, (1900). "Embalming," Leslie, Toledo, O., and "The Mummy" by Budge, published in London, Eng. A favorite formula for embalming fluid is: Arsenous acid, oz. 14; caustic soda, oz. 7; water, oz. 20; acid carbolic, sufficient to render the fluid opalescent after stirring; then add water to oz. 100. In the "Brunelli system" the circulatory system is washed till clear water issues from the body (2 to 5 hours' irrigation). Alcohol is then injected to remove water; fifteen minutes. Ether is injected to abstract fatty matter, two to ten hours. A strong solution of tannin is then injected. This occupies two to ten hours. Finally the body is dried in a current of hot air passed over heated calcium chloride. The body resists decay for an indefinite period.

Nardyz of Philadelphia embalmed Archbishop Wood of that city, Prince Aristoff of Russia, and others, thus: Blood removed in usual manner and this fluid injected: Crude petroleum, 1 gal.; camphor, lb. 4; ac. carbol., lb. 1-2; Fowler's sol. of arsenic, lb. 1. A few ounces of zinc chloride may be added. This solution is said to keep the body fresh for many years. Wickersheimer's Fluid: Acid arsenous 16 grams (for injecting); sodium chlor., 80 grams; potass. sulph,

200 grams; potass. nit., 25 grams; potass. carb., 20 grams; water, 10 liters; glycerin, 4 liters; wood naphtha, 3-4 liter. Inject after removing body fluids. Perhaps the most simple formula is this: Saturate 2 pints water with zinc chlor., add one more pint of water and two pints of methylated spirit. This is enough for an adult cadaver. Tie injecting nozzle in vein; if a long pipe with catarrh bottle is used, fluid will gravitate through body; if not, slight pressure must be made.—Ed.

QUERY 4985:—"Rectal Tuberculosis." A case came to me today that has "been the rounds." I am a new man here and would like to benefit this case and would like to enlist your help. History about as follows: Man now forty-two years old. In April, 1903, he was afflicted with what his doctor called "walking typhoid." Was under treatment all that summer without apparent benefit. During the following winter he took cod liver oil emulsion most of winter with no apparent benefit; in the following spring he was sick and very nervous. Don't know exact trouble. Was in poor health continually and in September or October, 1904, had what was supposed to be ischio-rectal abscess, which proved to be, as I gather, a sinus though they called it a fistula. In October, 1904, fainted on the street and afterward had frequent sinking spells, as he termed them, and was unable to attend to business. March 10, 1905, was operated on for fistula. Sinuses were opened up and have never healed. Doctors claimed he was losing semen in urine; very nervous, coughs some, voice husky. Six weeks ago sputum was examined and tubercle bacilli found, so reported; throat examined at that time by specialist and reported to be tubercular.

Sept. 23, last, he began to take medicine from St. Louis which has disturbed

At work since 5 a. m. but sustained by a cup of Kneipp malt coffee; and it sure is good. Try it doctor.—Ed.

Dyspepsia: Confine the diet for a week to Kneipp Malt Coffee, Egg-O-See, and Triscuit, the latter nibbled dry, taken four hours apart.



the stomach but has relieved the nervous condition. Bowels loose for past month, from two to five watery stools per day. Lungs dull on percussion at apices. Usual weight in health 145 pounds; now and for past two or more years about 130. Appetite at present poor, usually good. Doctor, would like you to outline a treatment. What can I do to heal ischio-rectal wound and sinuses?

R. D. B., Kansas.

Many of these suppurative processes about the rectum are primarily tuberculous, and this was undoubtedly the case in your patient. Now it looks as though you had a generalized tubercular infection to deal with—in all probability one in the larynx as well as the rectum, and possibly general miliary tuberculosis. The stool should be examined as also the sputum. Were we in your place we would clean up those sinuses (or the sinus) with  $H_2O_2$  pure, flush with distilled warm water, dry, and then, with a camel's hair brush or swab, paint with pure turpentine (Merck); pack with gauze soaked in ol. olivæ, four parts; ol. sanitas (or eucalyptus), one part. Dress daily and, unless healing is prompt and discharge ceases, dissect out the lining membrane thoroughly and heal up by granulation, using any good dusting powder. Wash out bowel with an alkaline antiseptic and saturate that man with calcium sulphide and the antitubercular formula. Give nuclein hypodermatically (ten drops morning and night for ten days) and give echinacea, stillingin, and brucine between meals, t. i. d., with arsenic iodide after food. Have him inhale eucalyptolized steam ten minutes twice daily, feed him eggs, meat-juice and fruit and fish *ad lib* with plenty of cream and butter. Make him live in the open air and keep his skin active.

Watch urine. For a few days push the sulphocarbates—crush tablet and give with water about one hour after food.—Ed.

QUERY 4986:—"Tuberculosis of Bowels." I have a patient who I believe, has tuberculosis of the bowels. She has had a run of fever for nearly four weeks. Sometimes the fever has been as high as  $103^{\circ}$  F. Now, in the morning it may be  $0.2^{\circ}$  below normal. In the afternoon it ranges from  $99.1-2^{\circ}$  to  $101^{\circ}$  F. Any little exertion brings fever up.

The patient is a young lady, sixteen years old, and very dear to our family. I was formerly their family physician and now they have sent for me and I am very anxious to help them. The physician who has been attending her thinks she has pulmonary tuberculosis. I don't think so, as there are no signs to warrant it. She has had some sweats; but I believe that it is due to her emaciated condition. She never has had any cough, not even a slight hacking. Never has raised anything from lungs. She has always had trouble with her stomach and bowels. Her stomach is very weak, or, perhaps, I should say the digestion is much impaired and she is not able to assimilate many kinds of food. Will you please tell me what you think I need in this case.

R. S., Maryland.

You do not give us data enough for a positive diagnosis, though the symptoms are extremely suspicious. Have the feces and sputa carefully examined. Meanwhile, the following tentative treatment is suggested. Thrice daily give the nuclein solution, 6 minims to be dropped on the tongue and absorbed from the buccal mucosa. Iodoform is valuable in these cases and may be well prescribed with strychnine arsenate, calcium phosphate and nuclein, as in the tuberculosis granule. An hour after the meals give

Reid advises pilocarpine for itching from jaundice, urticaria, that of the aged; gr. 1-4 by mouth at bedtime.—*Medical Record*.

We have not quoted half the good points in Egbert Le Fevre's strong article on pneumonia in the *Medical Record* of Feb. 24.

the sulphocarbolates to arrest fecal putrefaction and fermentation, which are evidently present. As an alternant with the iodoform, or providing this is not well tolerated, try calx iodata. Iodine is useful in these cases. This may well be given along with the triple arsenates of iron, quinine and strychnine to raise the "tone," continuing the nuclein of course. Any intense systemic infection, calls for calcium sulphide, given to saturation. Keep the bowels open, and for this a saline laxative will be found effective. Attend of course to the action of the skin, using salt water baths or spongings. Meanwhile keep the patient in the open air, absolutely quiet while there is fever, and push nutritious foods, such as eggs and milk, giving meals often, but comparatively little at each meal.—Ed.

QUERY 4987:—"Pruritus of Feet." Kindly give me a treatment for pruritus of the feet in the following case: Patient, a farmer, German, 42 years old, of good habits, uses no tobacco nor liquor, no specific history; is robust, stout, weighs 175 to 180 pounds, plethoric, has been suffering for the last five years from an intense itching of the feet, extending in warm weather up to the calves and knees. Itching is worse in summer months and in the evening and at night. Is compelled to leave his feet uncovered at night in order to have rest and sleep. Aside from slight constipation, patient is in perfect health. Urine is acid, specific gravity 1022, no albumin. Have used the usual remedies with various modifications with no benefit whatever.

J. F., Missouri.

We expect that careful examination of the urine would reveal marked derangement in excretion of solids and we

suggest that you give internally iridin, gr. 1-6, calomel, gr. 1-6, and xanthoxylin, gr. 1-6, hourly for six doses from 4 p. m. every third or fourth night; the next morning give a saline draught and three times a day between meals give boldine, gr. 2-67, sulphur compound three granules. Bathe the feet carefully in a solution of formalin, one dram of the forty per cent solution of the market to three pints of water, and if this is too strong add another pint. Let the feet remain in this solution for five or ten minutes, dry carefully and then apply carbenzol one part, purified mineral oil one part. In the morning dust into the socks dolomol-ichthyol powder or talcum powder four parts, dermal antiseptic (sulphocarbolates, pulv. boric acid, and talc.) one part.—Ed.

QUERY 4988:—"Sodium Succinate and Recurrent Cholelithiasis." Would you recommend the sodium succinate, or promise good results, in cases of gallstones, where the patients have been operated upon for that trouble and where the colic came back again—about six months after the operation is performed?

A. P., South Dakota.

Sodium succinate, with boldine would be of service in any case of cholelithiasis where gallstones are present, even though operation has been done, but if the colic (post operative) is due to simple inflammation of the ducts, adhesions or narrowing of the lumen, etc., sodium succinate naturally would be of no use whatever. In all such cases carefully palpate the gall-bladder, noting the character of the colic and have the stools passed subsequent to an attack carefully sifted so as to find any gallstones which may be passed. You do not state the

In nephritis, vomiting is a regular symptom when uremia is well developed; occasionally early manifestation.—Roberts, *Med. Record*.

Chronic vomiting after gradual epigastralgia, half to three hours after eating indicates peptic ulcer.—Roberts, *Med. Record*.

operation done, neither do you state whether gallstones were discovered. Do not forget dioscorein; gr. 1-6 to 3-6, repeated every ten or fifteen minutes, and swallowed with a little hot water, for the acute colic; alternate perhaps with atropine or hyoscyamine, gr. 1-250, and strychnine valerianate gr. 1-67.—Ed.

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 QUERY 4989:—"Phosphaturia." Is there any remedy to date other than urotropin, the benzoates, etc., that will dissolve a phosphatic calculus—particularly prostatic? I am the unfortunate victim and have suffered for years with this trouble. Am having great difficulty at the present time in passing urine, the latter always alkaline unless the above are used. If you can offer any suggestion, other than those given in textbooks, I shall be *very* thankful.

F. G. H., Alaska.

In the first place let us suggest that you use ammonium benzoate till the urine is normally acid; lactic acid and salol are also useful and a course of glycerophosphates will usually give good results in phosphaturia. The main thing is to find out just where the original disturbance of the body chemistry comes in. Ten minims of dilute nitrohydrochloric acid after food, one dram of the glycerophosphates before food and, on alternate weeks, lactic acid, ammonium benzoate and salol between meals for one week with two drams of any good preparation of triticum repens will prove useful. The distinction between functional and secondary phosphaturia is important. In neurasthenic cases, under rich vegetable diet, where there is cerebral abscess or meningitis, we get functional excess of phosphate; here alkaline medicines should be stopped, meat, fish and shell fish eaten freely and the

cause treated. Strychnine and lecithin are useful in cases of enervation. In secondary (ammoniacal) phosphaturia where there is cystitis with infection and putrefaction we shall require the urinary antiseptics (and formin here is excellent); boric acid, salol, arbutin and prompt treatment of the cystitis, with free draughts of distilled water or rain water, will aid promptly. Eat a grape fruit each morning.—Ed.

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 QUERY 4990:—"Incontinence of Urine. Vertigo (Senile). Rupture of Cerebral Vessel?" Please give me treatment for the following cases:

1. Mrs. C., age 28 years, married, never pregnant. Urinates very frequently. When she laughs she cannot control her bladder and when she thinks of her condition, she urinates. She gets up six or eight times during the night. She is on her feet all day, as a clerk in a store. She also complains of severe pain in small of the back at intervals. I have given her strychnine, atropine and ergotin, potassium acetate, buchu, juniper, and sanmetto. She seems to be improving now on strychnine alone, before and after meals and at bedtime. I suggested an examination, as she may have anteversion causing pressure which may produce all this trouble.

2. Mr. M., age 76 years, has vertigo and can walk in the dark scarcely at all, and is very vertiginous at all times. Good appetite, and digestion fairly good for his age.

3. Mrs. H., age 44 years, began to complain of pain in right side of head, which comes on very suddenly and with it drooping of eyelids on right side and dilation of pupil. The pain is very severe. Has sick spells every few hours, no appetite. Has been sick for four weeks. Dropped solution of eserine into eye to bring about contraction, and gave nerve sedatives, the whole list. She was

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Chronic lead-poisoning with attacks of colic may occasionally be the cause of persistent chronic vomiting.—Roberts, *Med. Record*.

Chronic vomiting within 15 minutes after eating means cardiac stenosis, nerves, cerebral lesion or acute gastritis.—Roberts.

never sick before; is very corpulent and plethoric.

T. I. C. P., West Virginia.

1. An examination is imperative; refuse to treat without one. Secure from her four ounces of urine from the twenty-four-hour output and send it to us stating the amount passed in that time. Brucine, gr. 1-67, and hydrastin, gr. 1-6 every four hours, with scutellarin and cypripedin two to three granules four times a day, may prove useful, provided there is no organic disease or pelvic derangement.

2. Senile vertigo may be due to anemia or congestion. You give us no idea of the patient's general condition. If anemic, cactin, gr. 1-67, strychnine arsenate, gr. 1-67, every four hours will help you. See about elimination; especially attention should be paid to the urine. If circulation is unequal one dosimetric trinity morning, noon, and night will promptly produce good effects.

3. This strikes us as being a distinct case of ruptured vessel. Paralysis of the third nerve is possible. Any possibility of gumma? There being no sign of syphilis or tubercular meningitis you have to think of clot, tumor, locomotor ataxia (no further symptoms, so exclude) and aneurism. The latter seems to be absent so we venture diagnosis of clot, or paralysis of third nerve. We suggest you eliminate freely; secure activity of skin by giving vapor or hot salt sponge baths and alcohol rubs. Give small doses of veratrine till pulse is soft and arsenic iodide one after meals for two weeks. Blister (cantharidal) to temple and behind ear. Light diet.—Ed.

QUERY 4991:—"Vegetations of Anus: Hemorrhoids." I have a case of vegetations of the anal region of some weeks' standing. At first we supposed them (two) due to vaginal discharge and perspiration, the lady being quite fleshy. But, upon examination today, I find three or four very tender flat growths. Now, I am writing mainly to learn your opinion as to the use of the "dermal caustic" here. Would it be advisable or would it be best to scrape off with Volkman spoon? I do not think they are syphilides. Your answer is respectfully awaited.

The lady cannot sit down at night, the burning and pain is "maddening" she tells me. She suffers much also from bleeding piles as well as external.

R. L. H., Ohio.

Judging from your description these may be inflamed mucous or skin tabs caused by the inflamed condition of the rectum. These tabs would naturally become very much congested and excoriated from the discharges, moist heat and pressure. We should be inclined to dilate the sphincter and under surgical anesthesia, inject the hemorrhoids promptly with a solution of carbolic acid and olive oil (equal parts) and then dust the entire external region with a desiccant powder. You will find vaginal antiseptic powder one part, pulverized talc. one part excellent, or you may use zinc oxide or bismuth subnitrate with starch. One of the most useful things we have found in conditions of this kind is the dolomol-ichthyol powder. Probably the best thing for all concerned would be to snip those tabs off, stitch the edges of skin and mucous membrane with fine silk and then treat as directed. Inject into the rectum a good fluid extract of hamamelis, one part, glycerin one part, water four parts, after stool;

Copious vomiting over 10 hours after eating means muscular insufficiency; repetition favors stenosis of the pylorus.—Roberts.

Night vomiting means cholelithiasis, peptic hypersecretion, muscular insufficiency, a nervous abnormality.—Roberts.

and before stool throw in an ounce of olive oil to which you may add with advantage two minims of carbolic acid. Keep the bowels open with saline and three times a day, give hamamelin, gr. 1-3, aesculin, gr. 1-6, iridin, gr. 1-3, preferably an hour before meals.

Let us urge upon you the necessity for dilation of the sphincter and treatment of the hemorrhoids. If you have never used the injection treatment you have a pleasant surprise in store. If you will look over the *JOURNAL* carefully you will find the entire technic of the operation described. The main secret is to dilate the sphincter and to inject each hemorrhoid thoroughly with a strong enough solution of carbolic acid. Use an ordinary hypodermic needle and throw the solution in drop by drop, shifting the point of the needle along the course of a half circle and continue to inject until the entire hemorrhoid is gray and solid. If blood follows withdrawal of the needle you have not injected sufficient and must reinsert the needle at another point and continue the process. There is very little pain if ordinary care is taken to avoid penetration of the bowel wall and the hemorrhoids are anointed with vaselin or olive oil before and after operation.—Ed.

QUERY 4992:—"Hot Flashes of Climacteric." I think that a short time since I saw either in your *JOURNAL* or the *Digest* a suggestion as to the treatment of what is called "hot flashes," which are so troublesome in many cases in women at or after close of menstrual period. I am now unable to find it, and would be greatly obliged if you would refer me to the matter or to make any suggestions relative to the subejct that may occur to you.  
D. H. P., Oklahoma.

Retching with empty stomach is not gastric but reflex, toxicemic, cerebral lesion or nervous abnormality.—Roberts, *Med. Record*.

We imagine that you have read our article upon "Disorders of the Menopause" in the *Digest*. "Flashes" usually appear after the flow has ceased though occasionally the symptom obtrudes itself earlier. It is due entirely to irritation of the vasomotor centers. Give the triple arsenates with nuclein together with cactin and calx iodata, gr. 1-3, t. i. d. with, if there is any distinct uterine pain or pelvic disturbances, helenin, two granules, viburnin, two, aletrin two three times daily with a little hot water.—Ed.

QUERY 4993:—"Ptyalism of Pregnancy?" Is there any sure remedy for ptyalism in early pregnancy? Atropine tried to the limit, nearly 1-60 grain. Almost no effect. Also mineral acids locally, various astringents; also sedatives to act on the nervous system, as bromides. Spitting almost constant. There must be some medical resource.

L. R. D., New York.

Ptyalism of pregnancy is a peculiar condition: as much as two quarts of sputum has been collected in a day from one case. It is probable that the condition is due to a toxin produced in the body—possibly the liver being the organ at fault. Israel, of New York, has just published a most interesting paper (see *American Journal of Obstetrics* for February) in which he reports some cases of "pernicious vomiting" of pregnancy (fatal); autopsy developed the fact that the typical changes found in acute yellow atrophy of liver existed in each instance. He urges greater care and more intelligent treatment in all these cases, pointing out that eclampsia, vomiting and acute yellow atrophy are closely related. Ptyalism may easily be but an-

Periodic vomit, clear gastric juice, normal or over-acidity, means a secretory neurosis or an ulcer.—Roberts, *Med. Record*.

other evidence of the action of the toxin. Careful attention must be paid to the general health. A few small doses of leptandrin and iridin (aa gr. 1-6 with calomel, gr. 1-10) might be given hourly for four doses at night twice weekly with saline draught in morning. The mouth should be washed out with a solution of the sulphocarbolates to which add a little aqua cinnamoni; troches of tannic acid in intervals. Counterirritation over the parotid (faradism or a little croton oil rubbed in) and very small doses of atropine valerianate will serve. Keep the skin active with warm salt water "sponges" and watch urine and feces. As quite often pytaline is absent from saliva in these cases digestion must be aided; papayotin and pancreatin will give best results.—Ed.

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**QUERY 4994:**—"A Typical Case of Eclampsia." Mrs. W., multipara, fourth confinement. Labor commenced at 2 p. m., October 17th; dilation complete at 6 p. m. Delicate looking, highly nervous; in poor health since last confinement three years previous. While urinating seized with convulsion, lasted five minutes; temperature normal, pulse 100; time, 8 p. m. Was conscious for a time, had another at 9, and a third at 10 p. m., immediately after which child was born (child small, poor, but active, lived fifteen days). From this time (10 p. m.) she was unconscious, very restless until 11:30 the fourth convulsion; at 1 p. m. the fifth, and growing more restless; talks, rolls, and tumbles; have to hold her in bed. No more convulsions until 8 a. m., and the last at 11 a. m. Counsel called at 5 a. m. Urine test showed albumin on boiling without any acid (about 2-3 of quantity being albumin). At 12 p. m., night of eighteenth, became conscious and passed urine which was highly albuminous. Water drawn with catheter at

noon of the 18th. Treatment started at once with veratrum viride, later alternated with atropine 3x tablets; at 6 a. m., Oct. 18th changed to arsenic alb., 3x trit; continued veratrum about 2 p. m. on account of the restlessness; on request of husband gave hypodermatic injection of 1-4 grain morphine and 1-60 atropine; very little effect and of short duration. As stated at 12 p. m., Oct. 18th, she became conscious and continued the ars. alb. and veratrum every hour alternately. Also on the 19th and 20th. Used malted milk as food. On fifth day she began to eat light diet. The urine became normal on the 20th, and remained so; made last visit Oct. 22 and in three weeks after her confinement she was able to be about and is as well as ever now. What else could have been done?

By the way, forgot one thing. Used sheet wrung out of hot water applied to chest and abdomen morning of 18th all day. This quieted her and gave her almost continual rest.

C. A. H., Iowa.

Thank you for this account of a case of eclampsia. It would serve to show the absolute necessity for the examination of urine frequently during the last few months of pregnancy. Had the uterus been promptly emptied at 8 p. m. (immediately after the first convulsion) and veratrine given in full dosage, hypodermatically, further trouble might have been averted. A brisk calomel purge followed by salines; enemata and hypodermatic injections of warm normal saline and the free use of the hot pack with digitalin and caffeine—after perhaps one dose of pilocarpine when pack was entered—would have saved much trouble and danger. We suppose that the medical attendant did not reach the house until after dilation was complete—at 6 p. m.? At that time some of the evidences of coming storm should

Vomit after headache, no stomach symptoms, shows migraine; mostly eyestrain is the underlying cause.—Roberts.

Sudden vomiting with tinnitus, deafness and vertigo, indicates disturbed pressure in the internal or middle ear.—Roberts.

have been evident—the persistent headache, nausea, disturbances of vision and abnormal pulse would usually awaken suspicion and a bedside test of urine might even then have made prompt delivery and remedial measures advisable. The peculiar fact that children delivered early under these circumstances (prior to absolute convulsion of the mother) generally live, while 50 per cent or more born later die, should cause the accoucheur to keep a sharp watch for symptoms.—Ed.

QUERY 4995:—"Cancer of Uterus." I have recently begun the treatment of a lady of about forty-five years, with cancer of the uterus. She had been treated by several doctors who pronounced her case incurable and that she must abide her time until death could relieve her. I found the whole body of uterus badly swollen, bowels very tender, and much soreness about the mouth and neck of the womb. But no discharge nor swelling of extremities. I am giving her tr. phyto-lacca, hydrastin, and baptisin, and iodide of lime with the hypophosphites with the iron and quinine left out. Since receiving calx iodata I thought it would suit this case of cancer of the womb. Perhaps you may have a "specific" that would give me success in treating cancers, tumors and "old ulcers," etc.? This lady cannot have any local treatment at present. Give your best treatment, with anything that will help me in treating cancers, tumors, and chronic sores, etc.

J. E. P., Georgia.

Cancer of the uterus, Doctor, when of such long standing is hardly to be considered as curable but a very prompt hysterectomy might save her life, but such cancers have a habit of recurring. Thorough extirpation of the uterus and appendages is perhaps more satisfactory

than any other operation for the same condition. Cancer will not yield to calx iodata. You might try chelidonin and condurangin.

Chelidonin, as you know, has from time to time been advanced as a "cure" for cancer, some people having become very enthusiastic about its potency and others absolutely deny its efficiency. One thing is quite sure and that is that *any* internal medication without local treatment must fail. Cancer cannot possibly be influenced effectively in this way for the simple reason that the mass of abnormal tissue is not influenced by medicine absorbed into the system to any appreciable extent. You might give nuclein in large doses preferably hypodermically, say, ten minims every morning, condurangin, gr. 2-67, or even 3-67, with chelidonin four times daily, triple arsenates with nuclein, after meals, two tablets. Such alterants as rumicin, stillingia, xanthoxylin, chimaphilin, etc., in various combinations between meals. Salines daily with local cleanliness. All this simply to improve the systemic condition generally. Why won't this woman submit to total extirpation of the pelvic organs to save her life? "Old sores", tumors and cancers require each their appropriate treatment, Doctor. Even two "old sores" might need entirely different local measures. Elimination, the free exhibition of alteratives and tonics and strict attention to the constitutional weak spots will always be indicated. We have elsewhere given several formulæ for cancer plasters and pastes.—Ed.

QUERY 4996:—"Nymphomania." I have a case of nymphomania that is most stubborn. A young lady who has al-

Periodic vomit after colic and constipation with tympany, suggests chronic intestinal stenosis.—Roberts, *Med. Record*.

Wiping the nose in society especially at the table ought to be discarded as being unesthetic, says Barkan, *Med. Record*.

ways enjoyed the respect and esteem of her neighbors, was to have been married nearly two years ago when her intended died of a tubercular disease. She had been in ill health for some time; she was affected with hystero-epilepsy. Had a diseased ovary removed, remained in bed for six weeks, was then up and around for a few months, had no further epileptic seizures, but something simulating renal colic. Would become unconscious from suffering and would then grab and tear at her vulva and, if allowed, insert her fingers high up. She became insane, was taken to a private hospital for several months. She cleared up mentally shortly after arriving at the hospital but seems unable to remember names of the friends she was formerly most intimate with. Aside from that, she seems quite her former self. She is now in fair flesh but is unable to walk except with assistance, as she was bedfast for so long. She now has a constant and most intense desire for sexual intercourse which is so severe at times that she is unable to sleep and occasionally loses consciousness. After one of these severer paroxysms her eyes are badly congested and have the exact appearance of the "black eye" the boxer wears after having been badly worsted in a glove contest. The black eye and worn-out condition will last for two or three days when she will clear up and for a few days look fresh, and be jolly, but will after a few days, possibly ten or twelve days, have a similar attack. She is very frank with me and begs me to "do something."

I have used the bromides, hyoscine, hot blanket packs, local hot and cold packs, vaginal douches and various other remedies, but still she seems the same. She is willing to, and says she prefers to have the other ovary removed if it will relieve her. Can you help me out?

E. L., Iowa.

The removal of the "other ovary" will not help this case one iota. We fear that this condition is due entirely to engorgement of the sexual centers,

though the possibility of reflex irritation from some local congested area must not be forgotten. We would dilate the sphincter ani to its full extent under anesthesia and, at the same time, remove the clitoris. Any local abnormality will of course have to be found and remedied. Depletion by means of glycomagnesium suppositories may be called for. A full course of calcium sulphide will suggest itself and at the first sign of the attack give glonoin one or two granules and then veratrine in very small and frequent doses to equalize circulation and relieve deep congestion. At the same time give her camphor monobromide, gr. 1, and salicin, gr. 1-2, every four hours till the seizure passes. Erotomania is a mental state and as such is to be differentiated from nymphomania which is distinctly physical. Here you have a condition which is a commingling of the two and we would urge the most careful examination for any possible source of irritation. If there is any distinct indication for gelseminine use it; it acts marvelously in some cases—bright eyes, quick pulse, flushed face, restlessness and rise of temperature point to this drug. Ice to nape of neck, hands in cold water and heat to feet will also help when acute condition threatens. A final hint: paint labiæ minora, clitoris and swab vaginal walls with a mild solution of cocaine and adrenalin chloride. The writer "won out" with this local treatment and the first medication suggested in a most stubborn case. Of course suggestion can be used in addition.—Ed.

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QUERY 4997:—"Dysmenorrhea." Enclosed you will find a history of a young

You do not know with how much stupidity the world is governed, said Gustavus Adolphus to his son.

Teaching and law should debar the sick and delicate from matrimonial life and propagation of children.—Barkan, *Med. Record*.



girl, age nineteen years. Painful menstruation. Menstruation began at thirteen years of age; was regular, no pain and flowed for three or four days. Has no discharge, does not clot. Bowels move regularly. Passes normal amount of urine each day and on examination of urine I find nothing abnormal. Does not sweat at night. Present complaint is dysmenorrhea. Has had painful menstruation for two years. Said she caught cold once at menstrual period and also thinks she caused the trouble by exercising in the gymnasium. Has had treatment for two months and no satisfactory results. At the end of the first month's treatment she did not suffer at all worth mentioning, but at the end of the second month's treatment she suffered a longer time than usual. Pains are rhythmical and for a few days after each menstruation there is pain and tenderness in the iliac region on each side. Complains of pain more before the flow starts, but when the flow is started well she gets relief.

What will be the treatment in this case?

E. M. C., West Virginia.

It is really impossible for us to make a positive diagnosis without some idea as to the local conditions. There may be uterine displacement, obstruction or true ovarian disease. Examine with care, paying especial attention to the ovaries. Treatment at present must be more or less empirical. Hot sitz baths prior to flow, hot enemata, and (if vagina permits passage of tube) hot douches prior to appearance of pain, will help. A few doses of cannabin and atropine (with or without gelseminine) as soon as pain appears will probably be promptly efficacious and the Buckley uterine tonic full three times a day between the periods may help her. Massage (gentle) and the application of hot compresses wrung out of a saturated solution of

magnesium sulphate will also be of service if "colic" occurs. Look for stenosed cervical canal. There may be ovarian or tubal disease; the continuation of pain after menses have ceased is suspicious.—Ed.

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 QUERY 4998:—"Calx Iodata for Fibroid Growths and Goiter." Your reference to calcidin as a remedy in fibroid growths, and goiter, interests me. I am anxious to obtain all the information I can regarding the so-called absorbent method of treating abdominal tumors, as I have a number of them on hand that I do not wish to submit to surgery.

J. H. F., Indiana.

There is really very little more to say relative to the use of calx iodata in fibroids of the uterus. The action of iodine here of course is understood, but the addition of calcium seems to give us an effect hitherto unobtainable. Iodine of course causes rapid disintegration of the cells, is, practically, a destroyer, and when given alone it frequently causes an entire disturbance of the destructive and reconstructive balance. Calcium, being an essential component part of the cell, is almost invariably indicated in the very cases in which iodine is called for and, by giving iodized calcium we seem to hasten destruction of abnormal or low grade tissue formation while providing the system with the necessary nucleus for normal cell construction. As a result fibroid and other abnormal growths shrink and natural conditions finally are established. Clinical results, after all, are the best proof of a remedy's efficacy and fibroids often cease to grow and generally decrease rapidly in size upon calx iodata. One-half grain three or four times daily; always between meals upon as nearly an

Thousands of cured consumptives in Florida prove that it imports where the patient goes, and how far he travels.—Barkan.

"Ache" is the keynote symptom for gelsemium; in winter I call it grippe, in summer a threatened typhoid.—Mills, *Med. Forum*.

empty stomach as is possible. This will be the usual dosage; at first it can rapidly be increased, however, until a grain is taken three or even four times daily. Nuclein is generally indicated and elimination must be kept up.—Ed.

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 QUERY 4999:—"Formula Wanted." Enzymol has been recommended for treatment of suppurative middle ear disease (chronic). What are its properties and where obtainable?

H. E. M., Nebraska.

Enzymol, if we mistake not, is a proprietary preparation, the formula of which is not known to us, but it probably contains about the same ingredients as the other proprietary alkaline antiseptic solutions: thymol, eucalyptol, boric acid, etc., etc. We publish your query as some of the readers of the JOURNAL may be able to give the formula. There are other excellent remedies for the conditions you name. Why not try euarol after the use of acetozone and chlore-tone in mineral oil?—Ed.

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 QUERY 5000:—"Aconitine Dosage for Young Children." In Alkaloidal Suggestions, subject, "Aconitine" (Alk.), I find the following: "For children dissolve one granule for each year of the child's age and one for the glass in twenty-four teaspoonfuls of water," etc. Now what I would like you to instruct me about is how would you use granules for infants three, six, nine and eleven months old? Please write me concerning above.

J. S. D., Georgia.

The rule you mention is known as "Shaller's rule" and was formulated by him with the idea in view of making aconitine absolutely *safe* in the hands of the general practitioner. As a matter of fact, this drug, like all other potent remedies, requires to be given in small dose

at frequent intervals to effect: the infant of a few months old may require gr. 1-134 of aconitine—or even more—but as that may be too great a quantity it is safe to be careful and give one-twelfth that amount, i. e., one granule dissolved in twelve teaspoonfuls of water and a spoonful of this at intervals "to effect." The writer has given a granule in an hour (divided in four doses) to a child of three months: in a serious case he has given a *granule* repeated in an hour to a child of seven months—results, perfect in each instance. Much must depend upon the condition—and the doctor. On general principles and to prevent trouble, give what you are *sure* must be safe but gr. 1-134 to twelve teaspoonfuls will be that always. For older children "one granule for each year," etc., works all right but, if you want prompt results and can keep your own eye on case give in larger dosage. Always stop when tingling of mouth or numbness of throat is evident,—Ed.

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 QUERY 5001:—"A Case Where Calx Iodata Failed." Patient, female, age one and one-half years, stout, hearty, of good parentage, said to have had "a cold" for a couple days. When called, found the child asleep, breathing with some difficulty, and without approaching the bedside I noticed the obstruction was not on the lungs and, upon waking, the harsh croupy cough confirmed my suspicions; found the throat clean and clear but slightly reddened, but little fever; with these symptoms at 10 a. m. I suspected membranous croup. Treatment: Calo-lactose to free action of bowels, syr. ipecac, steam, hot applications, camphorated olive oil, etc., but, above all, calcidin from start to finish, which was about twenty hours. I gave 1 grain every fifteen to sixty minutes without (seeming-

Berberis for anemia, low vitality; premature age; wandering pains, twinging, stitching, tearing, burning.—Ott, *Med. Forum*.

Berberis and lycopodium form a popular combination. Berberine represents the first; methylamine the latter.

ly) any benefit. Now, is it possible I failed to give enough? Some two years ago I procured a thousand tablets which have long since crumbled to a powder and now I have to guess at the dose. In the last ten years I have had four cases of membranous croup and lost in each, but for two years I have rested easy, keeping calx iodata on hand, by so many said to be a "specific" and by others to have "cured thirteen cases on a stretch." Others seemingly, have snatched the little ones from the very jaws of death to the delight of parents, friends, and physicians, and give the glory all to calcidin, which I find to be right and proper. Calcidin does the same for me in similar cases, but they were not membranous croup, but spasmodic, such as I used to have and my mother cured every time inside of an hour with lard and molasses. I am yet a skeptic—can some one assure me that calcidin will cure membranous croup even though not "a specific?" I am a lover of the CLINIC.

J. F. S., Kansas.

We note with sorrow your failure with calx iodata. While hundreds and hundreds of reports reach us weekly those detailing successes average easily 98 per cent and, you know, there exists no remedial agent which is infallible. If you have read our literature and the CLINIC with any care you will have noted our warning to look upon calx iodata simply as the best obtainable remedy for croup and some other conditions, but to be prepared always to use other means when the conditions demand them. Moreover, until we are all perfect diagnosticians and able to intuitively detect hidden organic disorders we shall find, here and there, a patient who will die seemingly against all precedent. In these cases there is some fatal "weak spot" undiscovered heretofore, but asserting its

baleful influence at the critical moment. If we can cure even eight out of ten of those serious croup cases, which used to prove almost invariably fatal, we certainly have no reason to blame the remedy. In most instances, too, we are free from fault. However, one physician wrote us on Thursday last after a long trial: "*When there is a failure to cure croup with iodized calcium the physician is to blame, not the drug; of this I am assured after experiencing one failure and many successes personally.*" Read the latest literature with care and then when a case presents, diagnose carefully, make up your mind to support the heart, empty the digestive tube, remove any impediment to respiration—either spasmodic or foreign substance—and be sure you are treating a case of croup and not *edema glottidis*, capillary bronchitis or diphtheria, with some more deadly disease complicating. Do not forget that infectious diseases sometimes cause croup, the latter masking the intercurrent disease. Above all do not deprive yourself of the most potent weapon available, because you have—for some cause—been unfortunate *once* in its use.—Ed.

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QUERY 5002:—"Post-Pneumonic Affection of Lungs." I have a case in which I want your help. One of my children, a boy of five years, family history all right, has been very healthy until the present attack. About seven weeks ago he contracted pneumonia, confined to lower right lobe; very high fever (104° to 105° F.) for eleven days, when crisis appeared; fever almost left and he was better in every respect. This lasted only about three days, when fever rose again. He has gained some strength; no fever in morning; begins to rise about 10 a. m., and about 4 p. m. is 104° F.; begins

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Marriage rightly understood,  
Gives to the tender and the good,  
A paradise below.—Cotton.

Metschnikoff says it is the microcytase of the microphages that destroys invading bacteria; not macrocytase of macrophages.

to decline about 6 to 7 p. m. Some cough and at times vomiting, to all appearances pus; no night-sweats, heart's action good, tongue looks good, a little swelling about abdomen, bowels regular, but some odor to actions. At present, there is a pleural extravasation extending just above the right nipple.

Have him for the past ten days on 4 grains iodide potash, t. i. d., two teaspoonfuls Wampole's cod-liver oil, t. i. d., also ecthol, one-half dram, t. i. d. Bowels well flushed out with salts every other day, and cotton jacket on chest. He seems to be at a standstill. If you can offer any suggestion, I will more than appreciate same.

C. E. K., South Carolina.

This looks very much like a case of empyema following pneumonia, by no means a rare sequel of this disease in children; the high temperature suggests streptococcus infection. On the other hand the periodicity of the temperature rise and decline may mean a malarial infection; this can be readily determined by giving quinine. To make sure as to the presence or absence of fluid in the pleural cavity, aspirate, using every care to prevent clogging of the needle. If a pus infection is found, remove fluid and saturate the patient promptly with calcium sulphide, gr. 1-6, every hour, and give calcium iodized, gr. 1-3, every three hours for one week, adding helenin two granules. After each meal you had better give him one of the triple arsenates with nuclein and enough saline each morning to keep bowel open. Bathe him every other day from head to foot with a solution of magnesium sulphate one ounce to the pint of water (hot as tolerable) then rub him off with a rough towel. Provide sets of cotton and wool underwear, one for day, another for night; hang the set not in use in sun.

Have him inhale eucalyptolized steam twice a day and, every hour or two, take a few whiffs of formalin (you can get a little formalin inhaler from the Geo. Leininger Co., of Chicago, for twenty-five cents.) Light diet but nutritious; fresh beef juice one dram between meals. Deep breathing, fresh air and sunlight.—Ed.

QUERY 5003:—"Cardiac Dropsy." I wish to ask your advice; do you think there is any chance for this case? A year ago last November (1904) she was sick in bed with "dry pneumonia." Nearly coughed to death. The heart became affected; valvular trouble. Last summer she commenced to bloat and has been so up to the present time. Is very large at abdomen. Feet and limbs badly swollen, also right arm. There is some enlargement of right side. Kidneys act very slowly at times. Has fair appetite. At times coughs quite badly. Suppose it all comes from the heart. I have tried my best but cannot reduce the dropsy. About once in ten days or two weeks has very bad vomiting.

S. E. M., Michigan.

This is a serious case and to prescribe effectively we would require a more succinct description of the physical conditions. It strikes us, however, that this is a case for apocynin, cactin, berberine and some one of the hepatic alteratives—probably euonymin. Sanguinarine or scillitin might also be used with advantage as alternants. Give her dry diet, the wet pack twice a week and apocynin "to effect"—one tablet every two hours till diuresis or fluid stools are produced, then four times a day to maintain effect. Cactin, gr. 1-67, may be alternated with scillitin, gr. 1-67, every four hours, changing this perhaps to sanguinarine, gr. 1-67. Every third night (and

The side chain of receptors and their relation to the amboceptors of the cells conduce to intellectual befuddlement.—*Med. Age.*

An Iowa doctor suicided because the place was so healthy he had no patients. Why didn't he open a sanatorium and advertise?

begin with this) blue mass and soda, gr. 1, euonymin, gr. 1-6, every hour from 6 to 10 p. m. Saline next morning. Berberine, gr. 1-6 and brucine, gr. 1-67, thirty minutes before meals. Snug binder to abdomen; on the day after wet pack, salt sponge bath (or better a solution of magnesium sulphate) over entire body. Try the indicated remedies. Hard work may turn the tide.—Ed.

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 QUERY 5004:—"Two Typical Cases of 'Waste Retention'."

1. Mr. A., a minister of the gospel, age about 65; weight about 150 pounds, has been a very hard student for many years. His chief complaint is insomnia and headache. He has suffered so much from headache and loss of sleep that it is beginning to tell on him. His appetite is very good. His pulse is very slow, in fact, it runs about 40 to 50 per minute. I cannot detect any organic trouble. His feet and hands are cold most of the time. He is very easily chilled. The arteries are elastic, or, in other words, are soft and compressible. His appetite is good and the bowels are inclined to be costive, but I manage them with the anti-constipation granules. I have thought of having him take a good saline every morning but have not tried that yet. His kidneys act as well as the ordinary man's. I have tried to build him up generally by giving him strychnia and the various tonics. In fact, his general health is much improved. I have for the insomnia given him *passiflora*, *gelsemium*, bromides and a host of other anodynes, but have not found anything that gives him much benefit in that line. I have tried somnos without any good results. What is the matter with this man and what will help him? The C—people of Cincinnati are after him and are about to "pull" him for \$25 or \$30 by "guaranteeing" him a cure.

2. A young lady of 25 who is a sufferer only in this way. Every morning as

soon as she gets up and before she has time to dress, her bowels make such a rushing demand on her that she has to go immediately to the closet; the stools are loose and watery. She has about three stools close together and then it is all over for the next twenty-four hours. She has no pain in stomach or bowels, appetite good, sleeps well, no bloating of the bowels, but quite a good deal of borborygmus. I have examined for rectal ulcer but find the lower bowel in very good shape except slightly congested. She goes about during the day whistling and singing as though she has never had any such trouble. I have been giving her the intestinal antiseptic, also have given her charcoal, 5 grains after meals, but nothing seems to ease the case.

Now, Doctor, if I have given you any data from which you can draw any conclusions in these two cases and will help me out, I shall be very glad to listen to you.

L. J. S., Ohio.

1. Enervation and retention of effete matter will cover the ground in the case of the minister. Men of this age who are costive and sedentary almost always suffer from glandular inactivity and the consequent autotoxemia. A few small doses of calomel, leptandrin and podophyllo-toxin (gr. 1-10, 1-6 and 1-12 respectively, exhibited from 6 to 10 p. m., at hourly intervals) every third night with an early morning draught of hot water in which effervescent magnesium sulphate (one teaspoonful) has been dissolved, together with a semi-weekly high enema of hot saline solution (normal) and a daily salt sponge followed by alcohol rub and brisk friction with towel will start him along the right path. Give also, brucine, gr. 1-67, cactin gr. 1-67, and juglandin, gr. 1-6 about one hour before each meal and papayotin, gr. 1-6, capsicin, gr. 1-134, after food. For the first three days ten

Ranney calls attention to the value of eye treatment in chorea; hypermetropia being exceedingly prevalent among choreics.—Ex.

Leprosy: Strychnine arsenate pushed to effect has been of signal benefit in several cases; mixed and tubercular.—Goodhue.

grains of the sulphocarbolates about an hour after food. After a week or ten days give him one aloin, atropine and cascara tablet at night (continuing the saline in morning) and give one granule of strychnine valerianate in place of the brucine. Stop off coffee for a time and have him drink one of the good malt preparations. Fruit is essential as will be broiled or roast red meats, fish and whole wheat bread twenty-four hours old.

2. Strychnine, gr. 1-134, hydrastin, gr. 1-6, rhein, gr. 1-6, every four hours—with a little hot water *before* meals; calcium sulphocarbolate, gr. 2 to 6, one hour after eating. Increase dose to larger amount if effect is not noted after third day. Have the bowel flushed every other night with three pints of water at blood heat to which add two ounces of magnesium sulphate. After two weeks please report results. It may be that gr. 1-67 of strychnine may be needed.—ED.

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QUERY 5005:—"Obstinate Ulcer of Ankle." I have a colored woman with ulcer of the ankle which won't heal. Had her put her ankle in hot creolin solution for two hours twice daily. After a week of this the skin commenced to come off for a considerable distance around the ulcer, in fact all of one side of the ankle skinned and left a tender red congested, painful area. When she removes the gauze dressings, thin skin like onion peel which has formed, comes off, cracks and peels off with dressing. Now, I would like to stop that skin from coming off and relieve that congested condition. Says it pains her towards night more. Is about each day active. Tried to get her quiet but not convenient to do so. Let me know please at once what to do. Ulcer has existed ten years.

W. S. W., Georgia.

What induced you to put this ankle for "two hours at a time in hot solution of creolin?" Stimulation and asepsis are called for in such a condition it is true, but not such pronounced measures as this. Naturally you have desquamation. You do not give us any idea as to the extent of the ulcer, neither do you tell us whether varicose veins are present. From time to time we give the alkalometric treatment for leg ulcers which will apply in this case perfectly. Cleanse carefully with a mild solution of boric acid (warm), spraying the ulcer with peroxide of hydrogen one part, distilled water one part, until foaming ceases, dry again, mop off with the boric acid solution and again dry, then apply with a camel's hair brush, turpentine pure (Merck), lay a thickness of gauze soaked in turpentine into the ulcer and cover with several thicknesses of gauze and a handful of cotton. Over all place a snug bandage. After twenty-four hours renew the turpentine dressing and you will find pus cease, the edges draw in and granulations present. Now apply iodoform gauze, two or three thicknesses soaked with bovine. Over this place a piece of rubber tissue and some gauze. Be very careful as to asepsis, Doctor, changing the dressing at least twice a day. It may be well to take off two or three little snips of skin from the patient's arm or thigh and place them cut side down over the denuded area under the gauze. If you do this cover the grafts and ulcer with a piece of rubber tissue first. This must be freely perforated with pinholes and dipped in boric acid solution before applying. It should be just large enough to cover the ulcer, over this the saturated gauze. Internally

Goodhue reports great benefit from a mixture of eliminant, laxative and strychnine in leprosy cases.—*Annual Report*.

Pilocarpine gr. 1-4 hypo is urged for gallstone colic; contraindicated by adynamia and by cardiac enfeeblement.—*Es*.

two of the triple arsenates with nuclein after each meal; or quinine hydroferrocyanide, one granule; strychnine arsenate, one; iridin, gr. 1-6; and stillingin, two granules. Given midway between meals; saline every morning before breakfast. Remember, Doctor, that this method of treatment applies to ulcers anywhere and is curative ninety-eight times out of one hundred. Of course all necrosed tissue, ragged edges, etc., must be cut away or curetted from the sore, and if there is any "binding" of the edges or inversion a few slits made with a sharp bistoury will enable healing to take place.—Ed.

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 QUERY 5006:—"What Will Head off Chills?" I live in a locality where there are lots of torpid livers and constipation and have found that 1-6 grain each of calomel, iridin and podophyllin, given every thirty minutes until six doses are taken, then followed with saline is the best thing for this condition.

I find specific chionanthus in 15-drop doses three or four times a day a very valuable liver remedy. I have never used chionanthin enough to know whether it will take the place of specific chionanthus or not, but have learned that the ordinary fluid extracts will not take its place. The best remedy that I have ever used to keep off a chill is as follows: sp. tr. gentian and hydrastis, each dr. 4; sp. tr. cascara, dr. 2; salicin, gr. 20; tinct. myrrh comp. ("No. 6"), dr. 1; simple syrup, to make oz. 8. M. To keep a chill off give one dram every hour for six to ten hours, beginning so the last dose will come one or two hours before the chill is due. At other times give a dram every three hours.

If you have any alkaloids or combination of alkaloids that will "head" the prescription to keep chills off, I would like to know what it is. Quinine sulphate, bisulphate, hydroferrocyanide or arsenate will not do it. This prescrip-

tion is safe, well tolerated by the stomach and does not produce any unpleasant symptoms. Six doses an hour apart will keep off most any chill, but in bad cases it should be commenced eight or ten hours before a regular chill time. I have only one objection to this prescription and that is, it is quite bulky. I have been thinking about leaving the cascara and salicin out and in their place use four drams of fluid extract verberna hastata?

J. A. B., Arkansas.

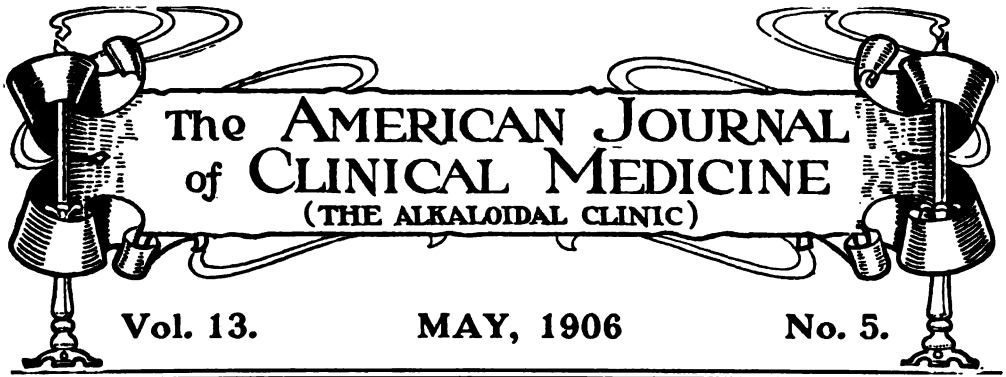
The combination of iridin, podophyllin and calomel (aa gr. 1-6) has been recommended by us for many years; a glance over the "queries" will convince you of its wide usefulness. Iridin with xanthoxylin and rumicin will prove one of the best alterative eliminants in malaria; add berberine if the spleen is markedly affected. To abort chill try quinine hydroferrocyanide, gr. 1-3; acetanilid, gr. 1; capsicin (or piperin) one granule; cactin, gr. 1-134; repeating in fifteen minutes. The antimalarial (Dumas) formula is a most effective combination, giving prompt results with less drugging. By the way, Doctor, try small repeated doses of magnesium sulphate (in solution with equal parts of sugar and water) giving say, one teaspoonful every four hours, adding two drops of eucalyptol to each dose. So far this with quinine hydroferrocyanide, etc., (see above) has given excellent results.

We have an idea that the "No. 6" is the really indispensable part of your formula. Any hot drink, hot enough to bring the tears to the eyes, will sometimes do the work. Capsicum, spirit of chloroform, an injection of pilocarpine, any of these may be effective.—Ed.

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Harman states that some cases that simulate hay fever are really due to eye-strain, relieved by fitting glasses.—*Chic. Clinic.*

Parsons treats acute otitis media by aconitin and atropine aa gr. 1-500 every hour; with free purgation.—*N. W. Lancet.*



BE SURE YOU'RE RIGHT, THEN GO AHEAD.

**B**LEST is the Doctor who has the nerve to say frankly, "I don't know"—if such a one really exists. Does he?

In a recent number of *American Medicine*, Dr. Gould tells of a woman who during sixteen years was put through all sorts of treatment, including that applied by two general practitioners, a homeopath, a quack, an osteopathist, three ophthalmologists, two gynecologists, a diagnostician, a neurologist, a refractionist, the staff of a sanitarium, pregnancy and maternity, all to no purpose until finally Dr. Gould correctly measured her vision and really fitted her with glasses—with a cure inside of four days!

There are several valuable lessons to be drawn from this tale, in addition to the one the teller intended, the advisability of seeking in the eyes the causes of many obscure ailments. Beyond this we look, to see that one may possibly, out of four eye specialists, find one who will correctly diagnose and treat a case. But which of the four? Ill-natured carpers may say that the gist of Gould's publication is—go to Gould! We know better, for the strenuous Quaker would be the last of men to claim infallibility; or to deny that every physician has his notable successes to recount, when he

has scared off his rivals; and eke his failures where they have scared off him.—which, like Gould, he doesn't recount.

Still further do our eyes pierce the near-by crystal to see in the distance the universal tendency of physicians to limit their views to their own specialties; to be too easily satisfied with surface indications; to stop short in their diagnosis with the first plausible hypothesis and fail to go through until absolute certainty has been reached. And yet, patients are entirely willing to pay for the trouble necessitated by such thorough work and anxious to find the man who will take the pains required.

We very much fear the Art of Diagnosis, of which we hear such encomiums, too often degenerates into a charlatanic deftness in attributing everything in sight to some ailment of the specialist's pet organ that will excuse a profitable operative procedure.

Study diagnosis broadly as well as accurately, macroscopically as well as microscopically. Study it biologically, socially, psychologically, as well as somatically.

But don't be satisfied with that emasculated science that stops short before arriving at the practical application, the remedy for the evil detected. Other-



wise your diagnostic labors are fruitless; your time has been wasted; your patients' interests sacrificed.

Once upon a time there were two operations extant for stone in the bladder. Under the greater operation the patient invariably died; under the lesser, he had at least a chance for his life. Consequently the profession preferred—the greater, denouncing as unworthy members those who condescended to the minor and even attempted to exact an oath from initiates that they would not perform it.

Times change, but human nature remains unaltered; the same at heart, with a little added veneer, a new layer of varnish occasionally. Be sure you're right, then go ahead; but go ahead anyway hitting the cause of the most prominent symptom square between the eyes. Do something that must help where you are going to the bottom of the malady—but go! Go unless the bottom drops out by treatment of the symptom, as it so often will when its real physiological cause is appreciated and the right remedy applied. Exact therapy based on appreciation of the physiological cause of the symptom spoils the possibility of many a brilliant diagnosis.

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#### MEDICAL HYSTERIA.

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One of the chief weapons of error is the attempt to get truth-seekers to quarreling among themselves; and by misquoting to get the unthinking and those who do not analyze closely to draw wrong conclusions.

This, in a word, is the object of what is being said today in certain circles, in

a futile effort to stem the irresistible tide that has set in in favor of greater accuracy in therapeutics. A puerile attempt is being made to narrow discussion to "Liquid Medicines vs. The Alkaloids," a comparison which in no sense necessarily enters into the subject under discussion at all.

Have your medicines in the form you like best, but have them right—accurate, true, dependable! Know how they act and why—what they are, what they do and how they do it; then knowing what you need to accomplish, apply the right drug or expedient and the thing is done.

Remember that it is the quality of drug and not the wording of the label on which you have to depend for results.

If the necessarily varying preparations of the whole plant suit you, use them; but don't expect, for you can not get, the clean-cut therapeutic results possible to the user of the definite remedy of known therapeutic strength and activity.

You run your chances and take your choice.

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#### THE SCRAP-HEAP.

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Says a strong writer in *The Epworth Herald*, "Let us celebrate the scrap heap! It has helped American manufacturers to outstrip their competitors of the Old World. Other folk use a machine or an equipment until it is worn out. Your American Captain of Industry uses it only until he can get a better one. Then he "scraps" it. The plan seems wasteful, but it is the highest economy."

Our materia medica is clogged by worn out, obsolete drugs that should

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Nymphomania: Begin by a careful search for the local and remote causes before beginning on antaphrodisiacs.

Obesity: Heart tonics are usually requisite; hydrastine being one of the best as lessening the blood supply.

have been long since relegated to the scrap heap. Printers tell us that the progress in their machinery is so rapid that if a printing office is today equipped with the latest appliances, they will be obsolete before the outfit has paid for itself.

Take a look at your drugs, Doctor. Are you still using those old tinctures and extracts? Same old ones you made 'way back in '89? Same old prescriptions? Nasty, abominable in taste, uncertain and constantly deteriorating in quality, held in deserved contempt by the progressive part of the profession? You must be an awfully good man and your patients must love you dearly, must be willing to sacrifice for you, else they would have left you long ago.

This is no world for dreamers, or mossbacks. To keep up with the twentieth-century procession a man must be alert, ready, keen to see and quick to act, to seize upon all new improvements affecting his work. Every atom of gray matter we possess is needed by each of us in our business. Hungry competitors are around us, ready to challenge and fight for our right to every good thing we possess. In one way civilization seems to be resolving itself into its ultimate atoms again; the bonds of society are loosening and the selfish principle is predominant, relaxing the bonds, softening the glue, till the whole social fabric seems to be tumbling about our ears.

But this is only seemingly the case. Every part of the machinery is being tested; rusty, corroded pieces are being removed and replaced; strains eased, improvements added and antiquated parts removed to give place to better.

Many times the paint and varnish of creed and formula covers rottenness, and this must make way for solid structure. Supposedly solid foundations shift and walls crack.

But while the ceaseless activity in renovation discloses decay, it is evidence of health, of abounding vitality, of a virility that says build again and quickly, better and stronger than ever before.

Time for housecleaning, Brother. Get busy. Clear out your lumber, clean up, and modernize yourself and your ideas. Your're not so old yet that you cannot change; not so encrusted that you cannot expand. Throw aside all prejudice, lift yourself out of your rut, and take part—*be* part—of this rushing, pushing, indomitable energy that pulsates through every part of the body politic— even through medicine. Make things hum!

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#### THE DOCTOR'S WIFE.

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Several times it has been suggested to us that this journal open a special department for the Doctor's Wife. We have not done so, for several reasons. One of them is that such a department could only succeed when placed under the charge of a rarely gifted woman, fully conversant with the subject, and profoundly imbued with that superabundant vitality which would pervade everything she wrote and render it of absorbing interest to her readers.

However, there is nothing to hinder our opening the pages of the JOURNAL to our helpmates, whenever any of them feels in herself a desire to speak out to her sisters. One doctor's wife, with whom we have discussed this matter, writes us the following suggestions as

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Obesity: The astringent effect of strychnine or brucine is enhanced by the improvement of general nutrition.

Obesity: Calcidin for the young, iodoform for the old, to stimulate absorption of matter too weak to resist them.

to what questions might be usefully discussed in the JOURNAL:

"How to preserve the regular habits of the family and still give the unavoidably irregular bread-winner the greatest possible enjoyment of his family.

"How to manage the servants pleasantly when the order of the meal hours is disturbed.

"How to secure necessary rest and proper food and an occasional holiday for the doctor, who is often too busy to think for himself.

"How to live within an uncertain income; when the monthly income is variable one must seek to live within it and yet not stint the family of the good things they have earned.

"On the social side there comes to my mind the ever-present problem to satisfy the anxiously curious friends and relatives of a patient without intruding on the patient's privacy.

"How to give your husband the greatest possible amount of help and yet never intrude or even seem to intrude on his relations with his patients.

"How to meet the family of some other local doctor who has been, or is, most bitter and unjust in his enmity to the man you wish to serve.

"How to keep up your own social engagements and yet be always ready to share a half-holiday with your uncertain husband."

Assuredly there is food for thought in each of the points raised by our correspondent. They may each be considered by our fair readers and perhaps some of them may contribute their ideas to our pages. We occasionally hear from some good doctor's wife, and our

columns are open to others who wish to "help out" with their suggestions.

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### THE ACONITINES.

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In a circular issued by a prominent French pharmaceutic house, we notice the following statement in regard to aconitine:

"There are amorphous aconitines and others are crystallized.

"The first mentioned are not reliable in their effects and therefore dangerous, and it is only the crystallized and pure aconitine that should be used, for it is the only stable form."

Each of us is inclined to judge the elephant by the portion of the animal he appreciates through his personal sensorium, and we can not be blamed if one of us, enshrouded in darkness, feeling through the sense of touch the ear, describes the elephant as "very like a sail"; or the other of us, grasping the animal by the tail, describes his as "very like a rope." We presume from the above quotation that the amorphous aconitines supplied by France are not uniform and reliable. The amorphous aconitine employed by American active-principle manufacturers has proved, however, during an experience of many years, to be remarkably uniform and reliable; so much so that we would not be warranted in substituting any other aconitine of the many on the list for it.

Crystallized aconitine is five times as strong, but the variation in crystallized aconitines is great, even when obtained from the same manufacturer. However, notwithstanding the uniformity of strength of amorphous aconitine, no manufacturer would be justified in mak-

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Obesity: Colchicine for plethoric cases, especially the young and robust; be careful in weak hearts.

Obesity: When there is dyspepsia and flatulence, give potassium permanganate, small, frequent dosage.

ing it into granules without first testing each new supply to make sure that there is no variation from the strength of previous supplies.

The perfect supervision of such potent remedies, so that every granule shall be as strong as every other one, is one of those absolute necessities without which the use of such powerful remedies is an impossibility. But it is evident that this is even more essential, and more difficult to obtain, in working with the crystallized aconitine than with the weaker preparation. While this objection does not apply to houses which supply standard granules, it is a most important consideration for the physician who prescribes granules of aconitine, to be supplied by retail pharmacists, without specifying the manufacturer.

Another objection which we must make to the literature under consideration is that it attributes to aconitine a very decided stimulant action upon the secretions, causing a considerable increase in the flow, notably, of sweat, bile, urine, etc. This is a mistake; excepting indirectly, by the relief of abnormal vascular tension, aconitine has no effect upon these secretions or on any other, excepting the salivary. This is the most notable difference between aconitine and veratrine, the latter powerfully stimulating all the excretory organs in the body. If abnormal vascular tension does not exist, no stimulation of any excretion is caused by aconitine.

It is the possibility of making just such differentiation in the application of remedies, which renders active principle therapeutics so precise a method, and draws a broad line of demarcation between the practitioner of this method

and the man who gives "aconite" or "veratrum" indifferently.

Still another objection occurs: The Frenchman directs the dose of aconitine to be taken twice or three times a day. While the action of this drug is absolute and invariable, the reaction of the patient to it is by no means either absolute or invariable. Consequently, no living man can tell just how much aconitine will be necessary to produce a desired effect in any individual case. We therefore revert to the only scientific method of dosage—that of giving a minimum dose, too small to exert a toxic effect in any possibility whatever; and, availing ourselves of the rapidity with which the effects of a naked alkaloid are secured, rapidly repeating this small dose until exactly the desired effect has been secured, never giving too much or too little.

Until a physician has appreciated the importance of this matter, he is not a therapist. He may be a consummate master of the art of diagnosis, but his therapeutic instinct is as yet undeveloped. He may think he is a practitioner, but he is mistaken. He has not yet opened the pages of that book, much less mastered its contents. Unfortunately the truth of this assertion does not appeal to him until he has made a certain degree of progress in the art of applied therapeutics. He is ignorant, but he has not found it out; hence the difficulty for successfully appealing to him with such truths.

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#### THE BUILDER.

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To criticize the accomplishments of others, to vilify their motives without

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Obesity: Anemic cases do well on iron arsenate, gr. 1-67, every two hours with a mild morning saline.

Obesity: One of the best aperients is a small evening dose of aloin, gr. 1-12, too little to cause griping.

being able to absolutely substantiate the fact of their unworthiness is a wicked thing to do, and is usually the special delight and the self-appointed function of the parasite. To attempt to create impressions tending to do injury, upon a suppositional basis, is the subterfuge of the knave and is beneath contempt.

Fortunately he who would tear down is invariably lost to sight in a few turns of life's busy wheel and the world goes on, as it ever will, doing homage to the builder.

All are architects of Fate,  
Working in these walls of Time;  
Some with massive deeds and great,  
Some with ornaments of rhyme.

Nothing useless is, or low;  
Each thing in its place is best;  
And what seems but idle show  
Strengthens and supports the rest.

For the structure that we raise  
Time is with materials filled;  
Our todays and yesterdays  
Are the blocks with which we build.

Truly shape and fashion these;  
Leave no yawning gaps between;  
Think not because no man sees,  
Such things will remain unseen.

Build today, then, strong and sure,  
With a firm and ample base;  
And ascending and secure  
Shall tomorrow find its place.

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### MEDICAL SOCIETIES: GET IN: GET BUSY!

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The time for the annual meetings of the medical societies is drawing near. Any physician who does not make it a practice to attend these meetings, every one that he possibly can, is making a great mistake. After we leave the medical school the tendency is to get into ruts, to fall into a routine, and this is bad for us—even if we do read and read faithfully (as we should) all the current jour-

nals and the very best of the new books.

Osler has said that every physician should make it a practice to take every fifth year for post-graduate study; and this is one good thing attributed to him—one with which we heartily concur. It is admirable advice, but unfortunately it is advice which only a few of us can follow. But the medical society is a splendid post-graduate institution and one which is accessible to the vast majority of the profession. In the society there are opportunities to hear and become acquainted with the best men in the profession; there are valuable papers on practically every subject in which the doctor is interested (except therapeutics, perhaps!); and best of all there is the opportunity to give your own experiences and sharpen your own wits in discussion. There is nothing which clarifies a man's ideas and eliminates his weak points like an attempt to write them out in the form of a paper, or submit them to the criticism, which he knows will be unsparing, in the forum of discussion.

The possibilities for usefulness of the smaller societies are not half appreciated. For instance, what it can do in the way of cultivating the social side, in bringing the doctors of a county or a community together, was shown in the excellent paper of Dr. Ussery which appeared in the *CLINIC* for December. Every doctor ought to learn what a splendid fellow his professional neighbor is, instead of swapping gossip and bickerings about him.

Then there is the possibility of increasing the educational value of the society, as shown by that Indiana organization which rented rooms for permanent occu-

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Obesity: A little cocaine before meals lessens the appetite, but lobelin is less dangerous.

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Obesity: Phytolaccin pushed up to the limit of tolerance is perhaps the best single remedy and is safe.

pancy and then embarked in regular educational work, each man assuming in turn the role of teacher and student. We want to urge upon our readers the importance of doing more of this kind of work. Readers of CLINICAL MEDICINE can do most effective work in the cause of a more dependable therapy through this medium—by getting other members of your society to take up this work and urging systematic studies of drugs and of their actions. There is nothing like personal work, personal contact, to stir up interest.

So, Brothers, get into the societies, and do not be "wall flowers" either. Go in and work! Stir things up! Make your personality felt! Get rid of that feeling of awe concerning the alleged "big bugs." When you really get into close, intimate touch with them you will find that after all they are not so "stuck up" as they seem to be when viewed at a respectful and awe-inspiring distance. As a matter of fact these men just as much need to have some of the varnish of superciliousness and self-conceit rubbed off, as you need a little touching up here and there with the beautifying pigments of new ideas and self-confidence. Mix in, mix in; you will enjoy it, it will do you a world of good, and it will prepare you for the upward and onward step in professional progress which is and should be one of your dreams, and which your innate "modesty" is doing the best it can to prevent.

Like ourselves, we would that you get into the regular fixed societies, those affiliated with the A. M. A. But if for any reason you cannot—if you are a dyed-in-the-wool homeo, an eclectic-of-the-eclectics, or even if you belong to that free

and easy class of good fellows who are "agin' the government" because of constitutional or associational peculiarities which are born and cultivated in you—remember that there are also societies for all of *you*. Again we say, get into them and work! Whether you are an Association man or not we hope that those of you who live in the central states of Illinois, Iowa and Missouri will join us at the meeting of the Tri-State, of which Dr. Abbott is president. The meeting will be held in June as announced, exact date in our June issue. It will be a good meeting, a working meeting. If you are not a member, send \$2.00 to Dr. Emory Lanphear, Treasurer, St. Louis, and be one.

Come with us and we will do you good!

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#### INTESTINAL ANTISEPSIS.

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In the *Journal of the Michigan State Medical Society* for December, Sanderson gives the beginning of what promises to be a valuable paper on the various remedies used as intestinal antiseptics. Unfortunately the scheme is so extensive that only the commencement is given; and even with it the results are rather suggestive than conclusive. He has only taken up acetozone, administering it to dogs, after first demonstrating the presence of microorganisms in every part of their intestines.

In some cases the bowel was rendered sterile by acetozone, while in others there was no apparent benefit from the remedy, the bacteria being as plentiful as before its use. But he demonstrates the possibility of intestinal sterilization—and that's a whole lot! We are promised

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**Obesity:** The first requisite is to have the food and drink weighed and the quantity reduced till weight falls.

**Obesity:** Patients are never able to estimate correctly the quantity they eat and drink without weighing.

further investigations of other agents, including the sulphocarbolates.

We must, however, warn readers that the whole of this question is not comprised in that of the destruction of bacteria. The disappearance of unpleasant odor from typhoid stools when sulphocarbolates are given in sufficient doses, with the uniform remarkable improvement in the symptoms occurring simultaneously, is a fact far better attested than are any such laboratory experiments; and the question is as to explaining this fact. If it is not explicable by the destruction of bacteria, then the bacteria are not so important an element in disease as we have been led to suppose.

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#### PROFESSOR LLOYD GOES ABROAD.

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We note in the *Bulletin of Pharmacy*, that Professor John Uri Lloyd and his family sailed recently for Naples and that he is to spend several months in the Orient pursuing botanical and other investigations for the Smithsonian Institute and the Department of Agriculture. This will be a labor of love, the kind of a "pleasure trip" that Professor Lloyd will enjoy the most. When he returns we shall expect to see, as one of its results, some notable additions to our knowledge of the medicinal plants of the East, a rich and insufficiently cultivated field. Though we do not agree with Professor Lloyd on many things, notably on the relative medicinal value of the active principle and the tincture, specific or otherwise, we are glad to add our word of appreciation of the splendid work he is doing in elevating pharmacy and therapy to the loftiest

planes. Every physician, eclectic or not, owes him a debt of gratitude for his careful studies of American medicinal plants. So we strike hands with him across the sea and wish him a hearty "bon voyage," and opportunities for an abundance of work of the kind he loves best.

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#### NO YELLOW FEVER IN LOUISIANA.

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Those who delight in epigrammatic expressions may affirm that a man's rule of conduct can be comprised in the two words—"Do Right." But the ever increasing complexity of human interrelations is such, that we can scarcely take a step in any direction without being confronted with the further question, "What is Right?"

Last year, yellow fever broke out in New Orleans; and, whether justly or not, the city and state authorities were charged with having given way to the very natural impulse to conceal the presence of the fever for a time. They could hardly be blamed much if they did so, when one considers the enormous disaster entailed upon the business interests of a great commercial center, and the personal hardships endured by families disunited, persons chained to one locality when their interests demanded their presence elsewhere, etc.

Be this as it may, the present spring opens with the Louisiana authorities in a curiously irritable and sensitive condition. Smarting under the imputation of prevarication, like a high-mettled horse at the unaccustomed touch of the lash, they seemed to have determined that, come what may, not the slightest blur shall mar their escutcheon henceforth.

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Obesity: By weighing we can regulate the intake so as to accurately meet the indications from day to day.

Obesity: Beware of ruthlessly cutting off the nutriment of men who have been accustomed to free living many years.

Accordingly, here in the month of March, while yet the pall of winter rests upon the North, and spring is just opening in this fair corner of the South, months before there is any reasonable chance of yellow fever developing—for this, like typhoid, is a malady appearing in the late summer—a case is reported under the following conditions: A bartender, living in a house where yellow fever developed last fall, fell sick with some symptoms, such as irritation of the stomach and jaundice, presenting some resemblance to those of yellow fever. The physician called in, at once sent the man to the hospital, where several fully competent specialists affirmed the diagnosis of yellow fever. Others stoutly denied this diagnosis; but public announcement was at once made of the suspicious case, and the health authorities of four neighboring states were requested to send representatives to aid in the diagnosis.

The man had apparently passed the crisis of the malady and appeared to be recovering, when some officious person informed him that he was suspected of having yellow fever. Added to this the alarm caused by the repeated visits and anxious examinations made by those who were called in consultation, and the fever returned, running up into hyperpyrexia, and the man died. The autopsy showed that this man, who was a barkeeper by trade, and had been long addicted to the excessive use of alcohol, had cirrhosis of the liver with acute nephritis. To these maladies, due to alcohol, and possibly to other toxic substances taken with it, such as absinthe, his disease and death were justly ascribed.

So far, well and good. Louisiana

feels proud of this instance of her perfect probity, and she asks that henceforth, with such illustration given, her official reports shall be taken at their full face value; and certainly she has a right to expect this.

But—suppose the man had recovered; what would the case then have been recorded? Nobody had thought of cirrhosis of the liver with acute nephritis as a complication; at least, no such diagnosis was so much as hinted at in any published report of this case, until the condition was disclosed by the autopsy. It seems certain that, had not the man, in the interest of science, kindly allowed himself to be frightened to death, this case would have certainly gone upon record as one of yellow fever, and been exhibited as proof that this disease had wintered successfully in New Orleans, despite the cold of last winter; and that the malady must therefore be looked upon as endemic in that state.

It all goes to add another proof (if more be needed) to the exceeding folly of basing absolute, unqualified assertions upon such evidence as is furnished by the uncertain, ever-shifting art of medicine.

Under the circumstances it is hard to avoid the conviction that the Louisiana authorities have been gravely negligent of the true interest of their community and of the country at large. By the narrowest sort of a margin they have escaped arousing a wholly unnecessary and unfounded panic, dealing an undeserved blow to the prosperity of their community, and marring the progress of medicine by the introduction of a most disastrous falsehood into its history, one that would not have been uprooted for

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Obesity: Men over fifty bear restricted diet with difficulty; better increase the exercise and lessen drinks.

Obesity: In your enthusiasm to reduce weight, don't kill the patient. Such things are easily done, without warning.



years. This was a narrow escape.

The matter assumes a still worse aspect when we reflect how perfectly simple and easy it is to protect the community against yellow fever, had the case been really such. Simply exclude the possibility of mosquitoes attacking the patient during the few days when alone the infectious element is in such a condition that it can be imbibed by insects, to develop in them in such a manner as to allow of their transmitting it to other human beings. Frankly, we think the New Orleans profession has lost its head, and has shown a rather childish spirit, placing personal *amour propre* ahead of common sense and good judgment.

The case was promptly removed to the hospital at the first intimation of its suspicious nature; the premises were disinfected and fumigated; water tanks were screened, and such measures taken, in short, as to render subsequent infection from that case an impossibility. There the matter should have stopped, and not a word concerning the case should have been allowed to get into print. If the authorities considered it advisable to associate with them the health officials of the neighboring states, this should have been done quietly, with the strictest secrecy, until the true nature of the case had become manifest; and even then, the knowledge had much better have been confined to the health authorities whose duty it is to take proper protective measures in such cases, and not have gone to the public. We physicians have wandered too far astray from the ancient doctrine, which held that the professional knowledge imparted to us is a sacred fund; not our per-

sonal property but that of the profession at large; to be jealously guarded from the knowledge of those not entitled to share in it. It would be well if this principle were inculcated by our medical schools. As it is, we doubt whether one student in ten thousand ever has such an idea so much as suggested to him.

Once, many years ago, a man just returned from an infected port to Philadelphia, developed yellow fever at a hotel there. Not a word about it was even published; the knowledge was confined to a very few people connected with the Board of Health and nothing further came of it. The public was amply protected—much better than it could have been had the newspapers gotten hold of the affair. What more could be asked?

Personal considerations should not loom so large with any man as to make him place them ahead of the welfare of the community and the interests of the section of humanity affected by our actions. The altruistic sentiment demands even the sacrifice of our "honor" on occasion. The "saint" who allowed his aged mother to die at his door unaided because he had taken an oath never to look on the face of woman would nowadays be kicked into the kennel as a disgrace to humanity for not breaking his vow, instead of being enrolled in the sacred list. When a certain royal personage was said to have "perjured himself like a gentleman" to save a woman's honor, few acts of his career won such universal sympathetic approval.

Do we advocate lying? Hardly. But we don't have to tell all we know. There are times and occasions when a judicious use of the Silence which is "golden,"

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Obesity: The rapid reduction by cathartics takes away more strength than it does fat; and the latter quickly returns.

Obesity: The most important point of treatment is reduction of water with careful increase of exercise.

will do more good than Truth shouted from the housetops.

### TYMPANITIS.

A valued contemporary puts us in a painful state of perplexity by his recommendation of a colonic flushing with alum water as a remedy for tympanitis. When Rabelais affirmed that Gargantua was born through his mother's ear, and threatened the Inquisition if any one dared to doubt that if God so willed he could bring this to pass, we accepted the statement dutifully. But how can an alum injection in the colon cure an inflammation of the tympanic membrane? Were it a laxative enema we would conclude that possibly the tympanitis was due to autohememia, and flushing the colon by removing the cause acted as a cure. But we can not accept the alum; and ask further enlightenment from the *Medical Summary*.

### BOSTON IN JUNE.

The annual meeting of the American Medical Association will be held this year in Boston, June 5 to 8. We are assured of a fine program, a largely attended and enthusiastic meeting and a lively time generally. There will be things doing! Doctor, may we not hope to see you there? Come and make your influence felt in the section work. Get acquainted with other medical men from all over the country and incubate another batch of new ideas that will help you all through the year.

Every physician should be a member of this great national society; and every member should make it a point to at-

tend this great meeting if within the realm of possibility. Think it over, Doctor—and go! Come!

### JUST A GLIMPSE!

On the evening of March 22 we left New Orleans, in the full bloom of Spring. Speeding north over the Illinois Central, we saw the first patches of snow next day near Ashley, Ill. By the time we reached Tuscola the snow was a continuous performance, and in the roads running east and west it had drifted heavily. We noted some of these roads that had not been opened, farmers preferring to keep snugly indoors and postpone their visits to town until the roads had been cleared by the snow's melting.

Along the worst of these, however, we noted a doctor's buggy, struggling laboriously through the drifts! What a world of light this little incident sheds upon these unselfish, uncomplaining, unappreciated men! We have always had a warm spot in our hearts for the country doctor, and the more we know of him and his work the warmer it grows.

### "WHAT'S THE MATTER WITH KANSAS?"

Within the last few weeks the writer has been twice to meet assemblies of the Kansas physicians: the first, the County Medical Society at Ottawa; the other was of the Golden Belt Medical Society at Abilene. This being the writer's first visit to Kansas, he feels that he has added to his store of knowledge.

The country doctor is rapidly becoming extinct as a species. The men one

An aching nerve will generally be found to have a lesion outside of its so estimated idiopathic condition.—Garretson.

Brubaker cites a case of amaurosis of twelve years' duration which was cured by extracting a tooth.

meets at these societies look, dress, talk and act, as the men do at any meeting of city physicians. The papers presented are quite up to the city standard, the discussions markedly above those of the city men. Therapeutics is discussed intelligently, scientifically, without undue optimism, without a trace of the silly pessimism too often assumed by the city physician to disguise his crass ignorance. The surgical experiences described and related would astonish some men who think the city clinics and clinicians do all of this work, or at least all that is well done.

It must be very hard work for a Kansas man to keep poor; in fact, we hear that when such cases occur the patient, if inoffensive, is shipped back to his eastern friends; or if violent is sent to the asylum. Occasionally, a community maintains a poor family in order to prevent the benevolent impulses becoming atrophied from disuse. It was here in Kansas that a celebrated case occurred: Such a family having been found, the people, who do nothing by halves in Kansas, determined to set them on their feet. They therefore stocked their house with provisions and all other needed stores, filled the coal bin, clothed the entire family from head to foot, and left them with a well-filled purse. Realizing that the opportunity of their lives had come, the whole family promptly went to town and utilized the money in having their pictures taken.

In discussing the antiseptic treatment of typhoid fever, one speaker stated that while all his patients recovered since he had adopted the sulphocarbolate method, he had found intestinal hemorrhages had become so much more

frequent that he had learned to expect them as a matter of course.

This is a new suggestion to us. Never in our own practice, nor in our enormous correspondence on this topic have we met this experience. We would like to hear from the readers of the JOURNAL who have had similar cases. Several possible explanations have been suggested. The alkalinity of the water used in a section might cause such a condition that the sodium of the sulphocarbolate would induce the tendency to hemorrhages. This however, is altogether improbable. The strict diet on which typhoid patients are usually placed, may, as we have long urged, induce a scorbutic condition, in which hemorrhages are common enough. This we avoid by feeding the patient from the beginning a liberal daily allowance of fruit juice. Or, as Dr. Abbott suggests, the trouble may be that the hyperemic mucosa is not sufficiently depleted by saline laxatives, which should be given throughout. Our suggestion was, that after the bowels had been completely emptied, zinc sulphocarbolate should be given, until the stools were deodorized; then calcium sulphocarbolate substituted for the remainder of the course, since it is well known that lime checks the tendency to hemorrhage; in fact it seems pretty generally admitted now that the hemostatic properties of gelatin are due to the lime it contains.

An exceedingly interesting paper and discussion on exophthalmic goiter was presented. Dr. Walker holds that the thyroid affection is not the primary disease, but that it is induced by a toxin which is formed in and absorbed from the alimentary canal. We hope to pre-

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I cured a 5-years' salivation by extracting an amalgam filling that set galvanic current with a gold one.

Neurasthenia: Hermann says "Remove conditions exhausting nervous energy; create circumstances favoring recovery."

sent our readers this suggestive paper and will not anticipate it further.

Dr. Judd presented a paper and specimens of x-ray work, which were commendable. Dr. Blesh and Dr. Dewees presented surgical papers which we hope to print in this JOURNAL. If these be country doctors, who are doing such surgery as these gentlemen describe, we do not know what the man would say who, a few years ago, published an insulting and grotesque picture of the country doctor as a surgeon, in a Michigan medical journal.

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### DOWIE! DOWN AND DONE!

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At last! After all these years of abject slavery the Zionists seem to have awaked from their hypnotic state and shaken off the influence of the sirenic Dowie—this is written on the eve of his return to the city and the results of the coming fray may be to render the above obsolete, so we will proceed to other considerations.

The revolt against this remarkable hypnotist was not as might be expected the protest of an outraged pocket nerve, but was due to the universal acceptance of the principle of monogamy and aroused by the seductive attempts of the tertiary Elijah to sap its influence. He is charged with having by precept, and possibly example, inculcated the polygamous doctrine with his female disciples, and it is openly charged that his great scheme for a new Eden in Mexican lands was intended to be strictly patriarchal in its domestic arrangements. *Hinc illae lachrymae.*

The doctrine of monogamy has become so firmly imprinted on the moral

consciousness of the present civilization that a beneficent Government, that isn't Christian enough to hurt, would probably not permit an argument against it to circulate through the mails. Nevertheless, as a minister commenting on the matter remarked in his sermon yesterday, nothing would be easier than to defend polygamy on strictly Scriptural grounds. The basis of our present monogamistic belief is Paul's remark anent the desirability of a man having one wife, and it is assumed, though not stated, that he meant no more. Paul was a confirmed old bachelor, and in other epistles recommended omitting even the one wife he here allows. His "knowledge" of womankind may be inferred from his injunction to them to keep quiet and abstain from articulation—as if such a thing were possible! Altogether, it would seem that a better authority, one more conversant with women, might have been selected for a pronunciamiento that would so vitally affect their place in the world for all time to come. The facts that many men are practical polygamists, *sub rosa*, and that many women sink into premature graves in the struggle to sustain monogamic burdens their physique is unfit for, are conveniently ignored. The ostrich is not the only animal that seeks to shut out unpleasant sights by burying its eyes in the sand. Still, these are exceptions only; for the vast majority, monogamy is the right thing, and the disaster to the community caused by interfering with it would vastly outweigh the benefit to the few.

There will not be wanting those who will see in this matter another instance of the asserted tendency to mix up matters religious with matters sexual. Be-

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Tooth decay could be largely controlled by using pickles for extreme alkalinity; soda for acidity.—Cheaney, *Texas M. J.*

Neel reports an intentional abdominal section for fecal impaction (*Texas Med. Jour.*) which looks like weak therapy.

fore and since the days of Mohammed, many of the constructors of religious platforms have made regulation of the relations of the sexes one of their leading planks. In this instance comparison will at once be made between Dowie's system and that of Brigham Young, especially as it is well known that Mormon eyes have been cast upon Mexico as a location where polygamy might possibly be practised without interference on the part of the ruling authorities. But the basal considerations on which polygamy was founded by Young were totally different from those advocated by Dowie.

According to Young's system, when a man had so far prospered in worldly affairs that he was amply able to provide for more than one wife and family, it was his duty to undertake that additional burden; and provide husband, home and children, for a woman who would otherwise have had neither of these blessings. Granting that all parties to the transaction were agreed, it cannot be denied that there were certain economic and sociologic advantages about the system.

Gentiles residing among the Mormons appear to have a consensus of opinion that polygamy was not abolished through any desire of the Mormon women. So far as we know there is no other religious sect in America whose influence has so firmly implanted in the minds of its women the desire to obey literally the primal obligation laid upon the sex by its Creator, to be fruitful, multiply and replenish the earth.

Dowie's ideas of polygamy were, however, as far as we can judge from newspaper reports, on an entirely different basis. He took for his text a passage from the prophetic visions of a preceding

Isaiah, which told how seven women were to lay hold upon a single man and beseech him to permit him to supply their own food and clothing, and presumably to sustain all the burdens of providing for the family, in return for the gracious privilege of taking away the reproach of spinsterhood and giving them the legal right to have "Mrs." cut on their tombstones.

This is all of the modern prophet's plan as yet divulged; but it is quite enough. His mistake has been in not openly promulgating this doctrine. Had he done so, and succeeded in convincing the women of its truth, he would not have had to bother about the men.

After all, he is not the first in the United States who has preached or practised the doctrine of "let the woman do the work." The writer knew an old Sioux chief in Dakota, who had a little platform built between his two cornfields, where he spent his days in peace and quiet, smoking his pipe, with his shotgun beside him, and seeing that his two squaws properly cultivated his corn. This seems to be the ideal which Dowie had in mind—but Mrs. Dowie objected!

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### THEORY AND PRACTICE.

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However much we may boast of the progress of modern science it must be confessed that, though improving rapidly it is still far from perfect. The whole structure rests upon a mass of hypotheses, and hypotheses which are constantly changing. Today we boast we have the Truth; tomorrow we are chasing a will-o'-the-wisp. Five years ago nothing seemed more certain than the atomic theory. And yet even this has now

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Hare says there may be rupture of compensation of the muscular fibers of large vessels as well as of the heart.—*Ther. Gaz.*

In the high tension of fibrosis, nitrites are of little value; iodine with rest and massage are needed.—*Ther. Gaz.*

been modified to make it accord with the new facts concerning electrons, ions, x-rays, beta-rays, radium and helium. The atom is no longer regarded as the ultimate of the divisibility of matter, nor the elements as unchangeable.

It is a natural thing to desire to make facts fit into our theories. And it is a creditable thing to desire to unify our knowledge, to make one fact fit in and dovetail with another; human knowledge is largely built upon hypotheses, and so long as they explain the facts better than anything else they subserve a useful purpose. The danger is that the men who build these theories, and the men who accept them, come to look upon them as infallible—which they are not.

In medicine this is peculiarly true. Look over medical history and see how medical practice has been molded by theory. From Galen down into the middle ages the "humoral pathology" prevailed. The physician purged, bled and vomited to get rid of certain "humors." Then there was an alchemical theory, a theory of excitability, a theory of irritation, a vitalistic theory—and what not. Von Helmont, Brown, Broussais, Erasmus Darwin—each left a lasting impression upon medicine, but the theories for which they stood are long since dead and gone.

In these later days we are again passing through a succession of new theories. There is the neovitalistic school, the school of the cellular pathologists, the bacteriologic school, the chemical school, the electrical school, etc. Each man thinks that he has struck nearer than any one else to the secret of disease. Our heroes today are Virchow, Pasteur, Ehr-

lich, van t 'Hoff—great thinkers all of them and men of whom we are justly proud. But however splendid their theories, they remain theories still. The truth each one gives us is confessedly mixed with error.

Sydenham, some 250 years ago, recommended that young men desirous of studying medicine should lay aside their books and read Don Quixote! He had a profound contempt for the book-learning of his times. While he knew the current theories, instead of trying to make these the basis of his practice he relied mainly upon observation of the natural processes of the body and their various normal and abnormal manifestations. His aim was to aid Nature and to avoid harming her. Instead, therefore, of the complex remedies and prescriptions of his times he gave simple remedies and carefully watched their actions. He studied his patients and left theorizing to others. And he was wonderfully successful!

We have learned and are learning much from theorists; they are contributing new facts to medicine and helping us to explain many of the old ones. Much of our therapy is a survival from dead theories and yet, as used to day, better than when it was introduced. The treatment based upon a theory may be good, while the theory itself is false. Formerly doctors purged to get rid of one of the "four humors"—the bile; we give laxatives for quite different purposes nowadays, but with much more discretion. The theories concerning the action of quinine in malaria have been almost as many as the theorizers—and yet quinine did good long before we had learned that there was a plasmod-

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Cicutine has relieved spasmodic contraction of esophagus with cramps, flatulence and hysteric globus

Hyoscyamine is useful for the irritability and spasmodic element of esophageal strictures; give to full effect.

ium and that quinine would kill it.

The true doctor must ever remain in principle a disciple of Sydenham. He must learn to watch the sick carefully, to note every disease process and to *treat the sick man*, not burdening himself by blind conformity to an unestablished or doubtful theory. Common sense! How valuable a quality and how rare! It is this that the physician needs even more than the technical, theoretical wisdom of the schools however valuable it may be.

Not that we deprecate the value of study. Far from it. But success rarely comes to the man who does things by rote just because he desires to fall into line with "the authorities." Every case must be a problem. In such a problem every factor working toward death or toward recovery must be considered. Quinine may be a specific for malaria and mercury for syphilis; but does the treatment of malaria and syphilis consist only in giving quinine and mercury regardless of the patient? Not by any manner of means.

Study all you can, Brother, and master all the knowledge that can help you; but when you come to the bedside remember that you must deal with a condition. Stop theorizing *now*. Don't wait for a name. Get to work! Are the bowels charged with fecal matter? Clean them out. Are there symptoms of spasm? Use physiological antispasmodics, not necessarily anodynes. Is there collapse? Bring the blood to the surface and stimulate the vasomotor centers. Use the best remedies you have—remedies you can depend upon. If there are better ones than you have, get them.

Theory is good—but do not let it

dwarf your faith or emasculate your practice. Remember that the mission of the physician is first of all to heal the sick—*cito tuto et jucunde* if possible, but to do it anyway!

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#### A FRENCH NERVE SEDATIVE.

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A recent product of French drug-building contains potassium bromide, arsenic and picrotoxin. The first ingredient is said to act as a nerve sedative, counteracting cerebral congestion. The picrotoxin acts as a cerebrospinal excitant, while the arsenic repairs the waste of the nerve cells. This combination is suggested as applicable in obstinate cases of epilepsy and other nervous diseases; to relieve menstrual pains and the nervous manifestations attending these periods.

The combination is suggestive but is susceptible of being simplified and improved. The toxicity of potassium is now so generally admitted that it is largely being replaced by sodium salts. Neither of these, however, is required here; and the two useful agents may be admirably combined in arsenic bromide.

Picrotoxin is a remedy as yet unknown to the mass of the medical profession. Its properties, as determined by physiologic experiment, are nevertheless too decided and remarkable to justify the neglect in which it is held. It appears to form one of a rather loosely united group of remedies, containing also pilocarpine, muscarine, physostigmine, with arecolin; and, less closely assimilated, apomorphine and apocodeine. The whole group is remarkable for the power of their manifestations and the clear-cut precision of their effects.

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It is said that the course of onychia may be shortened by giving tartar emetic to cause slight relaxation.

Strumous forms of ophthalmia give way to calceidin and arsenate of antimony; carefully dosed to exact needs.

# LEADING ARTICLES

## THE MODERN METHOD OF TREATING DISEASES OF CHILDREN.\*

BY GEO. H. CANDLER, M. D.

### I. SCARLET FEVER.

SOME day, perhaps, every doctor, before prescribing a medicine, will take the time to think out first just what conditions are present in the body of the person he is about to treat; and secondly, the exact influence the drug or combination of drugs is going to exert upon the fluids and tissues of that body and the different vital processes proceeding in and through them.

For instance, he will see at a glance the insufficient nerve-force which limits the capacity of the blood for withdrawing carbon from the economy and exchanging it in the lobules of the lung for oxygen which, again distributed, enables the cell to appropriate other necessary food. He will really and truly understand the marvelously simple, though intricate, chemistry of the normal body and understanding this, will easily recognize the particular derangement as evidenced by the symptoms presenting. To him much that is now dark will be clear as daylight; and instead of treating certain groups of symptoms by routine measures, regardless of individual peculiarities and because in the past a certain percentage of people so afflicted have benefited thereby, he will treat the exact conditions present—the patient

himself, not a named disease. Science will enable him to do this—indeed science has already offered the practitioner certain great truths, which he who *wishes* to run may read and profit by; but, unfortunately, the average practitioner wears two clogs—*precedent* and *routine*, and he would rather walk easily along well-beaten paths than climb over the hills to success.

Those who are not so hampered and regard a cured patient as the highest attainment, a pathological process cut short as something to be desired, will begin at the beginning and find out why the patient is ill, what caused the departure from the normal and the exact nature of the derangement which exists. He will not merely recognize certain signs and diagnose, let us say “scarlet fever,” prescribing therefor some treatment laid down by a writer of text-books, but he will realize that under normal conditions the invading force would have failed to gain a foothold and will seek for the weak place—the gap in the vital wall. Nine times out of ten he will find either debility (from innutrition) or a system paralyzed to a greater or less extent by retention of its own waste. In the latter case he has a dual foe to fight; in the former, an unsatisfactory battlefield; and if he would destroy the disease without annihilating the patient he will give his immediate and principal at-

\*This is the first of an important series of articles by Dr. G. H. Candler, outlined in our editorial, “The Rational Treatment of Children’s Diseases,” April JOURNAL. We have taken great pains and pleasure in editing this manuscript, and are glad to be able to endorse it as embodying our own experience and beliefs. It is well worth your most careful attention.—Ed.



tention to supporting vitality. If it is evident that pathogenic bacteria have gained access to the system he will take steps to render the patient an unsatisfactory medium for germ propagation while neutralizing the effect of the toxins already active. He will realize that in order to carry reparative supplies and medicines to the various parts of the body he must have a clean intestinal tract, in good condition for absorption, and an equalized circulation; his trained eye will note the signs of distress wrung from overworked organs, and he will seek an ally in an hitherto inactive skin, thus relieving renal strain before structural damage is accomplished. In every way he will work with Nature—assisting her here, coaxing her to do her work there and boldly doing that which she can not longer accomplish somewhere else. He will understand how far we have strayed from natural conditions, and, being a real doctor in fact, will meet things as they are, not attempting to deal with that which should be; but which more often is not.

#### THE ACUTE DISEASES OF CHILDREN.

Nowhere has the positive therapist a better opportunity to prove the efficacy of his remedial measures than in the exanthemata—scarlet fever, measles, varicella, rotheln (and variola for that matter) form a limited and distinct group. The toxin in each disease originates *within* the body of the patient. What it is we do not know; why, under proper conditions, it becomes virulent we cannot say; neither can we yet tell why certain systems are especially liable to be affected by it, while others seem to be entirely immune. Each disease is infectious—contagious, properly—being

easily conveyed from individual to individual *via* the air. Nearly every human being is likely to contract small-pox or measles if exposed to infection, while some people can come in direct contact with scarlatina patients or children with chicken-pox without being in any way affected. Rotheln is now recognized as a distinct disease and is becoming more prevalent in this country.

Each disease in the group has certain well understood and defined prodromal symptoms and is marked by a distinctive dermal eruption. It is still a question whether a ferment is formed in the system of the patient—or whether a specific germ is responsible for it. In scarlet fever, streptococci have been found in the secretions and scales shed by the patient, but cocci in variety are usually to be discovered wherever there is lowered resistance—for that matter they, like the poor, are with us always! The exact *cause* of each disease then, has yet to be discovered; the positive remedy for every one named is already to hand and will be here outlined.

#### SCARLATINA.

This disease, though extremely contagious, is less so than measles. It affects children usually, one attack nearly always protecting from another. It is probable that certain systemic conditions must exist before the disease becomes evident, as many people have passed through contagion after contagion to succumb at last, late in life, to the infection. Second and even third attacks have been recorded. Infants in arms usually escape (as do the aged), children from two to fifteen forming the majority of cases. Sporadic cases (endemic) are not usually as severe as those en-

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For heart hypertrophy Matlack gives asparagin a grain, with a little bromide, three times a day.—*Okla. Med. News-Journal*.

*The Chestnut Tree*, a New England medical monthly, advises lead water and laudanum as a lotion for abscesses.

countered during an epidemic, the virulence of the disease seeming to increase by constant transmission. Exceptions to this rule are however frequent. Some of the fatal cases have sprung up suddenly, no source of contagion being discoverable and no subsequent infection occurring. It is, moreover, impossible to give a description of the disease which would fit in all cases, though a certain general course may be safely expected.

The varieties of scarlatina are, practically: simple, severe and malignant. In typical cases we have the characteristic rash and angina—varying in intensity from a slight flushing and swelling of the tonsils and fauces to the so-called scarlatinal diphtheria—but there may be angina without any rash observable, these cases proving as infectious as any.

The stage of invasion may be said to be from three to twelve days, nine cases out of twelve developing within five days after exposure. The prodromal symptoms in nearly all cases are malaise, sore throat (this may take the form of a well-marked tonsillitis), anorexia, nausea or vomiting, chill and fever. The tongue, early, is almost invariably coated and the breath is foul. The child may seem merely a little indisposed till suddenly a rigor appears which is followed by a high fever. On the other hand, the little patient, at first quiet, complains bitterly of headache and pain in throat. He refuses to eat and, within twenty-four hours, becomes a really sick child. The pulse is rapid and thready, the temperature ranges from  $101^{\circ}$  to  $103^{\circ}$  F. and the child is either stupid or extremely irritable.

Within the next twenty-four hours the rash makes its appearance and the

temperature may now stand at  $105^{\circ}$  or even  $106^{\circ}$  F. The rash becomes more general, the temperature ranging each twenty-four hours from  $102$  or  $3^{\circ}$  to  $104$  or  $5^{\circ}$  F., the patient showing signs of profound sepsis.

The glands in the neck ( and elsewhere) may be enlarged and the angina is pronounced in all save the mildest cases.

The urine is small in amount, the bowels constipated and extreme thirst evident. Albuminuria is generally present, and even blood and casts may exist in the urine. It should be remembered that the septic process seems sometimes to center in the kidneys; again, the lymphatics seem to bear the brunt.

The rash in scarlatina is characteristic and yet varies greatly in different cases. It can best be described as resembling ground red pepper scattered over the skin; usually the upper chest is first affected, then the lower chest, and then the abdomen, sides and back.

Now the face and neck show a punctate rash, the temples usually being earliest invaded, the area behind the ears and under the chin following. The eruption may have become confluent upon the covered parts of the body while the face still presents the punctate form. White areas appear about the mouth and nose and the cheeks blaze. Strangely enough the rash is invariably confluent here. Even in the mildest cases the characteristic punctate eruption may be noted on chest, neck or temples and the typical whiteness about mouth and *alae nasi* is almost diagnostic. The eruption spreads downward, involving the arms, hands, legs and feet; at first it is punctate, later confluent. If any dif-

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For the hematuria of acute nephritis some silly advises ergot. A little knowledge is a dangerous thing to some folks.

Men seek a physician to be cured of their diseases or relieved of their suffering; a poor doctor who can do neither.—N. E. Alk.

ficulty occurs in making a diagnosis, strip the patient and these peculiarities will be noted if the disease has not advanced too far. At the height of the eruption the fever reaches its maximum and the subsidence is fairly even.

The appearance of the tongue is typical, even in ordinarily severe cases being heavily furred early with red border and tip. Later the papillæ become prominent and cause the well-known "strawberry tongue" of the text-books. The buccal mucosa presents nothing peculiar. Sometimes, late in the disease, red patches may appear but this is not constant; stomatitis is met with in a few cases.

The rash persists from forty-eight hours to seven days. It rarely lasts beyond the fifth day when desquamation usually begins. At this time the patient is especially dangerous to others and should be kept well anointed with some antiseptic oil,—even lard, vaselin or bacon fat will do. The period of desquamation is not clearly defined but the patient should be isolated for at least six weeks—or, till every particle of skin has been shed.

It is not our purpose to here describe the various complications and sequelæ of scarlatina. Under modern treatment none (or few) of these should develop. The terrible ear, eye and other affections which attend or follow the disease are invariably due to local action of the virulent toxin present and if proper measures are instituted early the disease becomes very much less appalling that it is usually considered to be. Ordinary cases marked by simple angina, fever and typical eruption require just as much care as any; for, as a rule, the "simple" cases

are the ones which under improper treatment develop into the fatal ones. The more severe the onset, the more distinctive the symptoms, the more positive the indications for treatment.

#### WHERE MEASLES AND SCARLATINA DIFFER.

The physician should bear in mind that measles is ushered in with a coryza; vomiting is unusual in the latter disease but common in scarlet fever. Koplik's sign—macules upon the buccal mucosa—exists in measles but not in scarlatina; and the tongue in scarlatina is characteristic. The rash appears in scarlet fever on the first or second day; in measles on the third or fourth and, in the latter disease, the *face* is first invaded by small red papules. The scarlet-fever "flush" cannot be mistaken once it is seen; and the smell of measles will never be forgotten either. The sore-throat, high fever, quick, thready pulse, and prompt appearance of a punctate rash, mean scarlet fever.

The prognosis is good but should always be guarded, not because we are not sure of our treatment of the disease but because people will not always do what they are told to do. In instances, where we are called in late, results cannot be so definitely promised, though prompt elimination, thorough intestinal and systemic antiseptic measures, with support of the normal resistant and vital forces, will, even then, accomplish more than any other method can offer.

Anginoid scarlet fever is often confounded with diphtheria; the two diseases being supposed to exist conjointly.

That such a double infection can occur is undoubted, and in every case a culture should be made at the first opportunity; but in most cases we have the

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Potass. bichromate essentially a remedy for chronic diseases, its prominent action on mucosæ.—Sanborn, *N. E. Alk.*

In fibroid phthisis pot. bichrom. thins mucus, lessens cough, improves breathing; add nuclein for lasting effects.—Sanborn, *N. E. A.*

scarlet fever toxin alone to deal with, the membrane being of the false variety. Prostration, however, is profound in all such cases; death even resulting within a few days from either the intense sepsis, sheer exhaustion, hemorrhage from ulcerated vessel or aspiration pneumonia. The writer has never seen a case develop under the treatment here outlined and does not hesitate to assert that such pronounced evidences of toxemia could not possibly present, were suitable therapeutic measures instituted early.

#### THE TREATMENT OF A TYPICAL CASE.

The foul tongue, disturbed pulse and nausea, with headache and general malaise, would alone point decisively to retention in the system of undesirable material; and the chill and fever tell us very plainly that the body-forces are resisting invasion, it may be by bacteria from without or noxious spores from within. To try to reduce hyperpyrexia by depressing the heart, or to throw into an already disordered system drugs which would further upset matters would surely be absurd! The indications are plain; why not follow them? Of all the much abused and misunderstood drugs, calomel is perhaps the most so, and at the same time is one of the most useful. In very small doses, combined with podophyllin and bilein, it stimulates hepatic activity, increases all intestinal secretions and insures a thorough evacuation of the bowel: Grain 1-10 to 1-6 of calomel, and gr. 1-67 to gr. 1-12 of podophyllin, with gr. 1-12 of bilein, should be exhibited every half-hour till six doses have been taken; and every hour calcium sulphide—the greatest of all systemic antiseptics (and a very useful reconstruc-

tant because calcium is invariably needed for cell repair)—gr. 1-3 is added. One hour after the last of the six doses of calomel, podophyllin and bilein, a full draught of an effervescent preparation of magnesium sulphate is given to flush the intestine, to soothe irritated mucosa, and to act, moreover, as a diuretic. By this time sulphureted hydrogen will be present in some quantity in a fairly clean and empty intestinal tract, and fermentation and spore-growth will be at an end.

After two or three stools have been passed (within six hours of beginning treatment) give a copious high enema of salt water at 100° F. Allow part of this to be retained and note the action upon the kidneys. This step alone will often save renal complications.

The patient is now carefully stripped, piece by piece, and in a warm room is bathed with either a solution of magnesium sulphate (one ounce to the pint of water) or sodium chloride. Five minims of creolin are added to each pint. The mouth, throat and nares are cleansed with an alkaline antiseptic solution. Glycothymolene or the menthol compound tablet, one to twelve ounces of water; both are excellent. Now we have a patient clean and actively excreting as to skin, devoid of effete matter internally, already saturated with sulphureted hydrogen and with active liver and kidneys. If the temperature is taken at this time it will probably be two degrees lower than it was when treatment was begun, but Nature requires further aid before the specific toxin can be neutralized.

We shall continue the calcium sulphide (gr. 1-6 hourly) and give in addition, nuclein, to stimulate phagocytosis and

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Pot. bichrom. helps chronic pharyngitis, cystitis, leucorrhea, and in children cap. bronchitis, pneumonia and croup.—Sanborn.

If you have written up the history of some rare case—send it somewhere else; we haven't room for it.—N. Eng. Alkaloidist.

for its marked vito-incident properties generally. At this stage large doses are best—twenty drops *per os* (or ten hypodermatically) twice or even three times daily. Aconitine, gr. 1-134 (or smaller doses if the patient is under five); should be exhibited every two or three hours to relieve congestion, to relax the capillaries (by lessening vasomotor spasm) and equalize the circulation. If we add digitalin (gr. 1-67) to every other dose we shall get enhanced action and the desirable effect of the latter drug upon the heart and large vessels. The use of veratrine in place of aconitine will suggest itself if the skin is intensely dry and the pulse full and hard. The full physiologic action of each drug cannot be given here for lack of space, but it must not be forgotten that veratrine, like quinine, exerts an inhibitive action upon certain protoplasts; the lymphatics under its exhibition, are rendered untenable for microbes and clinical experience tends to prove that this drug markedly antagonizes the scarlatina toxin.

Under this treatment, within twenty-four hours we shall find the patient in about this condition: Pulse quick, but soft and regular; skin moist, tongue reasonably clean; temperature from 101° to 102° F. If we give the patient plenty of barley water (cool but not cold), flavored with a little lemon or orange juice, diuresis will be profuse and if every four hours, we give a small dose of effervescent sulphate of magnesium in solution, the bowel will move twice at least daily. Somewhere within thirty-six hours the rash will appear; there will be little or no sore throat, and if, during the eruptive period, we keep the

skin bathed, with the warm antiseptic solution we have mentioned, the whole train of symptoms will fade away within six days.

And now comes the tedious part—and the most dangerous in a way. The moment the temperature sinks to 100° F., and desquamation commences, infinite care must be taken. The child feels well and wants to go free but never was he so dangerous. From head to foot the body must be anointed with some bland, antiseptic material; oil of eucalyptus one part, olive oil three parts is excellent. Even the hair should be well rubbed with this preparation and a cap should be worn. Every night at least, or oftener, the body should be bathed with hot water and a good antiseptic soap (carbenzol soap is one of the best) then rubbed with the oil and the child put into a combined cotton night-suit. All clothing removed should be placed in a 1 to 10,000 bichloride solution and the door leading to the chamber should be covered with a double sheet kept wet with the same fluid. There are of course many other excellent antiseptics upon the market, such as formalin and Platt's chlorides.

Finally, when desquamation is complete the patient should take a hot bath in a 1 to 10,000 bichloride solution, be enveloped in a sheet wrung out of the same solution and carried into another chamber where he may don clean clothes and be out among folks. The chamber and contents are then fumigated in the usual manner—preferably with formalin gas.

Sufficient stress cannot be laid upon the necessity for the free and constant use of intestinal antiseptics throughout

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Even the best antiseptics do little good if matter is allowed to accumulate in the bowels.—Mann, *Med. Era*.

Where artesian water is used malaria diminishes even though the mosquito is as much in evidence as before.—Buck, *Med. Era*.

the entire course of the disease. Unfortunately, nearly all the effective intestinal antiseptics are prone to cause nausea or gastric irritability; iodine, creosote, resorcin, eucalyptol and other drugs of proved utility are ordinarily useless in the acute diseases of children. The sulphocarbolates are, however, safe, efficient and non-irritative in the great majority of cases. In the first days of the disease we must rely upon the combined salts of sodium, calcium and zinc, the three being combined in proper proportions in the well-known intestinal antiseptic tablet. Later, when the intestine is empty and comparatively free from microorganisms, we may use either sodium or calcium sulphocarbolate in doses of gr. 1-4 three or four times daily, being guided entirely by the state of the bowels. If diarrhea exists we can either return to the triple sulphocarbolates or exhibit zinc sulphocarbolate alone.

Sodium is preferable when hyperacidity and flatulence present. I have also used it with satisfaction when renal complications exist. Calcium is a necessity to the living cell and this salt being almost entirely lacking in the food allowed the sick child we shall naturally select calcium sulphocarbolate when everything progresses satisfactorily and the maintenance of intestinal cleanliness is alone to be considered. The zinc salt is by far the most astringent and irritating and it will often be found desirable to stop its use *pro tem*, giving the calcium and sodium salts alone. If at any time, however, *marked* symptoms of intestinal infection recur, the indication for the use of the triple sulphocarbolates in full doses is imperative. Many physicians err in dropping this medication too early;

some one of the three salts should be given until convalescence is well established. One grain an hour after each meal will usually prove sufficient.

It would be impracticable to give here the treatment necessary for the various complications, which may arise. Uremia must especially be watched for and guarded against; any diminution in the urine should cause the physician to act promptly. Digitonin, the hot pack and copious saline enemata with small doses of glonoin (and always veratrine) will usually be efficient. Cactin and brucine may be required to support the heart and in pronounced cases apocynin may turn the tide. The old familiar Basham's mixture is decidedly useful in "threatening" cases. But as has been stated none of these untoward complications arise under proper treatment.

Diet is important. Milk and lime-water, well-cooked cereal foods, and fruit juices with beaten egg-yolk and beef-juice, may be generally given. For forty-eight hours little or nothing is desired or desirable. Zwieback is always safe and later; stale whole wheat or graham gems or crackers are allowable. Clam, beef and mutton broths usually agree and buttermilk is as a rule eagerly taken. After the fever falls and reparative processes are set up, nutritious but easily-digested foods every three hours.

Constipation is quite apt to prove troublesome; a draught of hot water with or without the addition of magnesium sulphate, should be taken before breakfast and, at least twice weekly, the lower bowel should be flushed with a warm salt solution. The daily sponge bath followed by vigorous friction with a rough towel is also of service.

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For epithelioma Martin applies pyrogallie acid and gives arsenic and echinacea internally for 3 months.—*Med. Era*.

As we understand Drs. Abbott and Waugh, seeing things from their angle is not at all necessary to their friendship.—*Med. Standard*.

Bitter tonics—the arsenates with nuclein, hydrastin, quassin, juglandin and a mild glandular stimulant such as xanthoxylin or iridin—should be given in medium doses three times

a day to insure normal metabolic conditions. Calcium lactophosphate should be exhibited for some weeks to stimulate the nutrition.

Chicago, Illinois.

## BILIOUSNESS AND MELANCHOLIA.

A REVIEW OF MODERN TEACHING.

BY WOODBRIDGE H. BIRCHMORE, M. D.

**B**ILIOUSNESS, melancholia, homicide—such is the observed sequence of phenomena, a sequence now long seen but once utterly misunderstood by those beholding it. In truth the first is, in a sense, the cause of the other two, since biliousness is the name by which we designate the manifestation by the organism of the deranged functions of certain organs, while melancholia is the manifestation of deranged functions in that organ “which secretes thoughts as the liver secretes bile,” and homicide is but the expression in outward act. Only recently have we begun to understand their relations, which cannot be described as those of cause and effect since these three are all of them the passive products of an unknown cause.

By an odd coincidence this last year an interest in this condition, biliousness, becoming active in the minds of a number of men in places far apart, caused active discussion. This interest is quite unaccountable in respect to some persons, but in one large group the cause of the interest is easily explained; it was the result of concerted action. The great society of learned physicians known as “Congres francais des Medecins alienistes et neurologistes” (French society of

specialists on diseases of the mind and nervous system) had arranged that at their annual meeting in August this question should be discussed at length, and every member had studied the subject so that if opportunity came to him he might speak intelligently. Many wrote papers, published beforehand. Out of this group of papers and the consequent discussion one may draw a very distinct opinion as to their line of thought on this important subject, which may be expressed in a few words, as follows:

Hypochondriasis and melancholia are to all useful purposes the same condition; the difference in the conception is due to the difference in the point of view, and the same physical condition is the foundation of both equally. On the other hand since certain physical facts are in all cases found with certain mental conditions, and since neither is ever found without the other, we are justified in considering that the so-called mental symptoms are the result of the physical disorder, or that both are the result of a third cause.

It was a fact easily seen, but by no means easily to be accounted for, as one of those discussing the question said it was, that they never began the discussion at the beginning of the symptom

*B. M. J.* objects to Mark Twain for the sick, as the laughter he excites may interfere with the healing process.

Dry sweeping is largely practised and this is under all circumstances an abomination.—*Prudden, Med. Record.*

sequence; each, was he speaker or was he writer, began his speech or his paper at that point in the clinical history at which we find the conditions already established, the disorders become chronic.

This appears the more remarkable if we consider how much it would have aided them in establishing the hypothesis, could they have introduced a sufficient explanation of the primary symptoms; but the answer given was perhaps sufficient: "We never see the primary attack;" the implication being that the treatment of the primary stage of melancholia, suicidal or otherwise, is always in the hands of the general practitioner, and that it is not well treated by him.

What then is the primary stage of melancholia? No one gives a formal answer, but Colaliam (*Archives de Neurologie*, No. 116) gives a very clear idea of his opinion: "In the majority of cases, and at this point all the writers agree, the physical symptoms put in an appearance before the mental upset. The melancholy springs from physical distresses, terrible depression throughout the body, weakness and weariness without the least effort, headache, muttering in the ears, vasomotor and digestive disorders, constipation, sleeplessness or deep slumber. The painful depression which invades the personality comes afterwards."

There is no difficulty in recognizing this condition; it is the secondary poisoning of the system when the adjustment is lost and the unfortunate victim is intoxicated, drunk on the secondaries of his own decomposition.

He continued: "If one will but examine his cases he will find that certain organs are 'knocked out' of the ability

to do their duty before the appearance of the depression of the will and thought of the higher faculties (*de la depression psychique*). One sees the slowing up of the respiration and circulation, the gastrointestinal troubles, but the liver claims the first place in the row." Hammond's famous account of the liver abscess is quoted and then Cyr's only less famous comment: "But to what are we to refer this stupor, this overset of the nervous system? For answer I see but two explanations possible: To start with, we have either intoxication (poisoning) by the bile acids, a most satisfactory conclusion since we have a very manifest state of subicterus; or the local pain (irritation) has by its very excess, through reflex action on motor centers, adjusted this prostration and half comatose condition."

His point is proven beyond contradiction: the condition of the melancholia is that of a man poisoned by the waste of his own body, for taking up item by item the physical condition of one, he proceeds to show that it is, item by item, the physical condition of the other.

Finally Colaliam sums up thus: "It is then not at all extraordinary that at a given moment, under the action of an occasional cause (puberty, emotion, etc.) the psychic function overcome by the diseased action of the bile gives up the struggle and produces the phenomena which characterize melancholia. These causes would not be sufficient to provoke melancholia in the absence of the bile-stained blood.

There is no doubt of his conclusion if we avoid the impersonation which is natural to the language; given a man in this condition of bilious intoxication, any

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From the beginning to the end of his life three things man must have, what else he lack—air, water, food.—Prudden, *Med. Record*.

Exhaled breath is practically germ-free even in those suffering from communicable infectious diseases.—Prudden, *Med. Record*.



trial or trouble is sufficient to crowd him onto "the slippery place" whose other end is suicide or the madhouse. Thus Colaliam.

The formal report to the society was made by another well-known man, Dr. Pierre Roy; and he enforced this teaching, showing still more clearly that beyond any doubt the melancholia was but the last state in a disease whose origin was the entry into the blood of substances which in health never reach it. But he did much more, he offered evidence to show that from time to time cases of poisoning appeared which must be regarded as acute, in which, before the appearance of the jaundice, the nervous system was overpowered and symptoms of mental disorder appeared, whose cause was quite obscure until a jaundice came in to clear the diagnostic fog.

Incorporated in this report was also a discussion by an expert of the medicolegal relation of these facts, and it was shown that men committed homicides in the first stage of this poisoning, who, while legally responsible in that the (French) courts had not yet recognized the facts, were morally as irrational as any man could be to whom another had given hashish without his knowledge. It was affirmed as a matter within the experience of all, that from time to time cases appeared in which a man who was known to his neighbors, and some practitioner, as one very careful of his health, would suddenly commit homicide, it might be upon himself or upon another. Especially often was this the case of a mother, whose suicide was accompanied (preceded) by the murder of her child. The most of these cases were demonstrated by the

clinical history to be, at least probably, cases of autointoxication, and he had seen a number of "double suicides" from this same cause. The evidence offered was simply overwhelming that madness, suicide and murder were absolutely the mental symptoms of the blood-poisoning by the substances circulating in the blood, absorbed by the intestine, which in health would have undergone conversion in the liver to be eliminated by the kidneys.

The outcome of the discussion was to put it up to the general practitioner to so handle the attacks of biliousness *in childhood* that the habit of bile intoxication does not form, because once established the habit is, to all intents, for life, and requires a constant and unremitting watchfulness. The asylums for the insane are filled, if we may believe these specialists, with men and women who are simply chronically intoxicated by the waste of their own bodies; in fact this class forms about 85 per cent of all those in insane asylums.

Such then, in the opinion of the expert, is the third stage of bile poisoning, a condition when the poor sufferer is in fact an irresponsible victim, intoxicated in the true sense of the word, liable to commit a murder at any instant under the delusion of persecution or suicide, in a moment of depression.

The real point of interest is, will the general practitioners come up to the line and do their whole duty? It should be a matter of obligation to every physician worthy of the name to make his patients understand how serious is the matter in hand. It is no easy task to educate a nation, yet the nation must be educated, not exploited. It is not a matter which

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Most surgeons secure reasonable cleanliness, disregard air as a risk and avoid direct sources of infection.—Prudden, *Med. Record*.

Catarrhs of the upper air passages are favored and perpetuated by the inspiration of dust laden air.—Prudden, *Med. Rec.*

the physician can treat with a light heart. I have shown that when once the habit of intoxication is established, often before puberty, it is never eradicated, but is only held in check and that only by constant and unfailing watchfulness. I have seen a child not ten years old who was already in the third stage of the disease, and in New York the numerous child suicides show that the "mental manifestations" take the same form as in adults.

That the great increase in the number of suicides is directly due to the increasing number of these cases is not open to question in the opinion of the expert. The means of eradicating the disposition are in the hands of the profession; proper treatment of the very first attack in the infant in arms, followed by proper care afterwards, will eradicate the condition and predisposition to intoxication.

What then is to be done about it?

New York City.

## THE EVOLUTION OF DRUG THERAPY AND SOME OF THE ELEMENTS OF UNCERTAINTY OF DRUG THERAPY.

BY W. C. ABBOTT, M. D.

### II

JOHN URI LLOYD, in the Department of Pharmacy and Pharmacognosy of Ellingwood's "Materia Medica," has the following regarding crude drugs and their preparations:

"The greatest care must be used by the pharmacist in the direction of drug selection. The crude drug is the foundation of the pharmaceutical preparation. Poor crude material is productive of inferior medicine, regardless of the care of the operator. . . . The study of crude drugs in my opinion is most important. Not only does the quality of the resultant pharmaceutical preparation depend on great care concerning the quality of the drug, but ignorant persons, posing as pharmacists, are likely to even use substitutes thrown on the market for genuine. . . . The quality of drugs is all-important but no general rule can be established to determine quality. . . . The application of chemical tests is useful in a few instances

—a very few—chief among which may be cited opium, cinchona, belladonna, ipecac and a few other *alkaloidal drugs*. Then asafetida, jalap and a few resinous drugs may be approximately valued by their *resinous constituents*. Extend the list to a limited number of *glucoside-yielding* drugs and a few essential oil bearers, and the list capable of chemical determination is about exhausted."

Speaking of *tinctures*, Lloyd says: "Tinctures carry all the substances soluble in the menstruum used to exhaust the drug, *both inert and active*, and are prone to precipitate. Excepting with energetic drugs, a large amount of alcohol must be administered in order to get the full therapeutical drug effect. Tinctures (with few exceptions) are rapidly falling into disuse."

Here is the veritable kindergarten of the rum remedy and the nostrum evil.

Of fluid extracts Lloyd says: "They are prone to precipitate; they are usually

Dust diseases—influenza, pertussis, tubercle, diphtheria, cerebrospinal fever, exudative infectious pneumonia.—Prudden.

The golden moment for prevention is when these various infective excreta are cast out of the body.—Prudden, *Med. Record*.

thick with inert matters, both colored and colorless. They are of *variable strength*, owing to variation in both the quality of crude drugs and the care of the manipulator." His comments on extracts are as follows: "Solid extracts do not contain any therapeutic qualities in addition to those possessed by the tinctures, and, as has been said, may be much injured by heat and atmospheric influence during evaporation. . . . Solid extracts that are used in making pills, ointments and plasters seem to hold their own in commerce, but *for internal administration* (excepting, perhaps, with a few energetic drugs) *they are fast being discarded.*"

This from Prof. John Uri Lloyd, one of the most skilful pharmacists in this country! Prof. Lloyd is progressive and conscientious, something that cannot be said of all manufacturing pharmacists. He is constantly trying to improve his preparations, and knowing the defects of the galenic preparations as given in the various editions of the United States Pharmacopeia he has prepared a list of fluid products of vegetable drugs which he considers are more reliable and *more fully represent the active medicinal constituents of the drugs employed*, and calls them "specific medicines."

I am willing to concede that, as a rule, Lloyd's preparations are equal, if not superior to any fluid preparations of vegetable drugs on the market, but they are not equal to the *active constituents* themselves. Surely no one can claim that specific nux vomica and cinchona are superior or even equal in permanence, strength, concentration or uniformity of dose, to absolutely definite quantities of strychnine, or quinine, upon which the

efficiency of these two remedies depends.

Lloyd himself admits that drugs, owing their medicinal virtues to alkaloids, glucosides or other known *active constituents*, should first be assayed or tested for these constituents before making the crude drug up into a fluid preparation. Why not, then, in all reason, use the active constituents themselves and be done with it?

Lloyd aims to make a preparation containing as much of these active constituents as possible, to the exclusion of inert substances and as concentrated as possible. Here is what Prof. Lloyd says about his "specific medicines": "To sum up, the specific medicines are preparations of plants, each labeled under the full name of the drug yielding it. Each drug is worked in accordance with the process that experience has demonstrated is applicable to the *abstraction, purification and retention of the medicinal constituents of that drug*. The aim has been to *exclude coloring matters as much as possible and inert extractive substances also from these preparations*, consequently with few exceptions they are light in color and yet they are very energetic. *As a rule*, they represent the best quality of drug yielding them, minim for grain. Specific medicines are employed by physicians who desire *clean, concentrated*, liquid representatives of plants."

Should one desire a "liquid representative" of a plant, I ask any unprejudiced physician if they are as "clean" and "concentrated," and as uniform and active in strength, as a freshly-prepared solution of the very alkaloid or other *active* constituent itself?

Did you ever calculate the chances you take when you prescribe galenic prepara-

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Holding handkerchief before nose and mouth when coughing or sneezing would be a very important advance.—Prudden, *Med. Rec.*

Education in cleanliness is a slow and discouraging undertaking; involving radical reform in the sense of decency.—Prudden.

tions? Allowing that the true plant has been collected at the proper season, properly dried and preserved, the extract or tincture made with the best pharmaceutical skill, and the product duly bottled and labelled stands on the shelf of the pharmacy, ready to be dispensed on your prescription, from that moment the processes of change begin.

It may be that the alcohol evaporates, precipitating the active constituents or simply concentrating them; or the processes of degeneration get under way, the alkaloids changing to coloring matters under the influence of light, oxidizing from contact with the air, or some other alterations, whose nature is not so well comprehended, occurring. Whatever these may be, it is certain that they are always present and that they are progressive; and to a greater or less extent they so alter the chemical constitution of the preparation that every week sees it differing in strength from that of the preceding week.

How long does it take for these changes to so alter the preparation as to make it unreliable? The time differs with each; the change may be only apparent after the lapse of months, or a few weeks may suffice to spoil the drug as to accuracy of effect. A tincture insecurely corked and kept in a warm corner, may become dangerous to the taker within a week. Syrup of ipecacuanha is apt to blow the cork out of its bottle in less time than that.

The celebrated house of Kramer and Small, at 4th and Race Streets, Philadelphia, was accustomed to throw away all its liquid medicines every spring, and prepare new stocks.

How many pharmacists do this? How

many years have the little-used fluids stood on their shelves, the titles and doses unchanged, the values of their contents long since departed? The use of stale, worthless preparations has had no small part in the induction of the therapeutic pessimism we have been fighting.

The only reason so many physicians have not recognized this defect in their drugs is that they are *not accustomed to give medicines to effect and to recognize their effects*. The habit of relying on ready-made formulas, or on the set prescriptions of some "leader" in medicine, instead of making one's own and then watching for the effects desired, is so general that it is the rarest thing for a physician to make complaint of the quality of his drugs—did any druggist ever know of a doctor objecting to a single ingredient out of the lot prescribed together? Some notable departure from color, smell or taste may be recognized—usually by the patient. The subtle alterations in quality above described are never dreamed of by the physician. Small wonder if he grows skeptical as to the value of drugs.

Dissolve strychnine in water, place it in direct sunlight and leave it for twenty-four hours; then see if you can taste the bitterness as anything comparable to that manifested when first dissolved.

I can show you granules of strychnine arsenate made in 1890 that possess every quality unimpaired.

Take a pure, naked alkaloid and make it into granules with milk sugar, protect it from the moisture of the air, and there is nothing decomposable about it; the remedial qualities remain unimpaired for any length of time, in any climate. No deterioration occurs, and the alkaloid re-

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Moist shreds of paper on carpets will be found most effective in gathering and holding dust.—Prudden, *Med. Record*.

There is a block, mountain high, of good air overhead. It is ours. Why not add to our houses a roof garden?—Northrup, *Med. Rec.*

mains embalmed in its saccharine swathing for ages if need be, without change. The only objection to this is that so useful a thing should be kept in active operation—don't wrap such a talent away in a napkin, but use it.

The most notable apparent exception to this, known to the writer, is in the case of apomorphine. This is a decomposition product anyhow, and peculiarly prone to spontaneous decomposition with a change of color to a dark green. This, however, does not seem to be accompanied by any alteration of its remedial virtues, so far as can be judged by observing the action of many doses administered by the writer in all stages of change from pure white on. The change of color is more evident with hypodermic tablets than with the granules; but even with the former does not seem to extend beyond the surface. Apomorphine is a very valuable remedy, since it possesses the power of greatly increasing the secretion of respiratory mucus without nauseating, when administered by the stomach. To an adult of average health and physique it may thus be given in doses of gr. 1-20 up to 1-4, without nausea or cardiac depression, whereas hypodermically gr. 1-10 is the most certain of emetics. But—there is a singular dread of "green apomorphine." In recognition of this prejudice, not as representing a real danger, we advise our friends to administer apomorphine in watery solution, and to add a trace of hydrochloric acid, which instantly removes the green color. A remedy that will loosen a tight cough better than emetine or lobelin without nausea or cardiac depression is too valuable to be neglected for a fancied

danger. And apomorphine will do this.

A very effective way of administering apomorphine for this purpose is to give a granule, gr. 1-67, every five minutes till the desired effect has been secured; then every hour. The air of the sick-room should, in all cases of respiratory irritation, be kept moist and at an equable temperature, about seventy, the entire twenty-four hours of the day and night. Changes of temperature bring back more irritability than any drug will relieve.

With this single exception the active principles, as made into granules, are not susceptible to chemical change. Even that volatile spirit, cicutine, when combined with hydrobromic acid becomes staid and settled, and will be found at all times "at home" in its milk-sugar domicile.

Every physician appreciates the difficulty experienced in keeping in order an electric battery not in every-day use—how many realize that their drugs are liable to similar degeneration?

The quality of keeping in full strength for years makes an important difference in estimating the cost of an outfit of medicines. The first cost of extracts and tinctures may be less, but if three-fourths of our stock spoils before it has been used, the matter of cost assumes a different aspect.

In the millennium for which we pray, every physician will know and watch for the manifestations of power from his drugs—all of them—and will instantly detect the slightest aberration from what he expects in the quality or the quantity of action, and will be ready to call his pharmacist to account therefor.

Meanwhile we might find it difficult to account to our patients why this is not

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Robinson advises boric acid or formalin gargles for persons exposed to inhaling germs in public places.—*Med. Rec.*

The resisting powers of the normal tissues are such that they are able to neutralize considerable infection.—Weir, *Med. Record.*

the case now. They certainly believe we know that much about our medicines—and we would not like to acknowledge that we don't. It would seem that to know just what our remedies can and will do, forms an unreduceable minimum of the qualifications of a physician. To know this, not guess at or approximate it, is not possible with uncertain and variable remedies—it calls for the active principles and nothing less.

Is it to be wondered at that physicians so often fail in the treatment of the sick when there are so many chances of the patient getting an inert or unreliable preparation? Only today I clipped the following from the *New York Medical Journal* regarding tincture of aconite:

*"The Danger of Galenic or Non-Standardized Preparations of Aconite.*—In a note on a Canadian aconite, read before the *Societe de Therapeutique* (séance of October 25, 1905), Dr. Chevalier stated that a specimen of aconite, growing in North America, in Canada and the United States, had been examined by him and found to contain the altogether exceptional quantity in each kilogram of 3.78 grams of crystallizable aconitine and 5.80 grams of amorphous aconitine (having the characters of japaconitine). Ordinarily the proportion is 2 to 5 grams of total alkaloids in each kilogram. The extract prepared after the method of the Codex contained 50 milligrams of alkaloids in each gram, or just double the normal quantity. The root presented no unusual appearance, in all points morphologically it resembled that of the official *aconitum napellus*. The danger of using a drug like this for making the galenic preparations is evident.

In the discussion of this communication Dr. Bardet said that he also had observed great differences in the activity of aconite according to the place and altitude from which it was obtained. In the valley of Zinal the aconite has a relatively enormous toxicity when compared with the aconite of the Vosges."

And in the same issue (Dec. 23) appeared an editorial on "The Ipecac of the Pharmacopœia," showing the uncertainty of the pharmacopœial preparation. I quote the last paragraph of the editorial:

"Recent work in therapeutics indicates that the two alkaloids have been misnamed, for *emetine*, is by no means so powerful an emetic as *cephaeline* is. Emetine is the more purely expectorant principle, and it is on results obtained with preparations of Rio ipecac (containing emetine in the larger amount) that our estimates of the therapeutical value of ipecac are based. With both roots official under the same name, as they are in the new pharmacopœia, the physician has no means of knowing which of the alkaloids is likely to predominate in any preparation of ipecac that he may prescribe. With regard to the fluid extract, from which the syrup is directed to be made, the only pharmacopœial requirement is that it shall contain a specified amount of the mixed alkaloids—how much of emetine and how much of cephaeline, the pharmacopœia does not say."

Every physician who has kept himself informed on the progress of medicine and pharmacy, or who has had experience in treating people with both the active constituents and the galenic preparations of plants, knows that the alkaloids are

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Dr. Whalen is trying to secure a law requiring cold storage houses to draw fowls before storing them.

When a fowl is killed, decomposition and absorption of the bowel contents at once begin and proceed while frozen.

much superior in every way to the galenicals.

Why, then, will doctors continue to jeopardize the health of their patients and their own reputations by continuing to do battle "against the scythe of death with a leaden sword?"

*It is just as much the duty of the physician to assure himself that the drug he administers to his patient is the proper drug and reliable as for the surgeon to assure himself that the knife he thrusts into his patient is aseptic and keen.*

The public should be educated to the truth that pure, active drugs when properly used assist nature to restore that state of equilibrium of the vital forces

which we call health, yet ignorantly or carelessly used they do harm, often shorten life or induce permanent disability.

The delusion regarding the value of medicines can unquestionably be traced to a skepticism engendered in the minds of the younger doctors by the positive statements of certain nihilistic sets of teachers and authors, followed by the disastrous results obtained too often by the administration of inferior or adulterated medicines recommended for the cure of disease, out of which has come so much of professional quackery, drug sophistication and fraud.

Should this delusion not be dispelled?  
Chicago, Illinois.

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### ACETANILID.

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BY JOHN W. WAINWRIGHT, M. D.

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MUCH has been written recently, of the physiological action of acetanilid and wholesale condemnation been the tenor of most of the reports. Scarcely a good word has been said for the remedy, but, are these conclusions warranted by the experience of many investigators and almost general use for a number of years, throughout the civilized world? While it is true that the active ingredient of practically all of the so-called headache powders which are sold to the public, as well as the secret remedies so vaunted in the medical and lay press, is acetanilid, and that much harm has doubtless come from the indiscriminate and wrongful use of these preparations, is it not true that the fault is not so much with acetanilid, as a remedy, when used by

those competent to prescribe it in indicated cases, but with its too frequent and indiscriminate use by those not informed as to its physiological activity? All of the crimes charged to acetanilid can be as truthfully charged to other products of like character if similarly employed. Why, then, condemn the remedy instead of its improper use? Let us consider both sides of this question and see what claims acetanilid has as a useful remedy as well as what objections can be offered to its employment in the hands of the competent physician.

First in importance we will give its chemistry: It is an acetyl derivation of aniline and is prepared through the action of glacial acetic acid on aniline, occurs in white, shining crystalline pow-

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That "death from vaccination" proved due to lymphangitis and meningitis when examined by the coroner.

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How many dollars are you shy at the reckoning up period as the result of lax business methods?—*Med. Mirror.*

der or crystalline laminæ, which are odorless, with a slightly burning taste, and permanent if exposed to the air. It is only slightly soluble in cold water (1 to 179), rather freely so in boiling water (1 to 18) and in alcohol (1 to 2.5 at 25° C.), ether and chloroform. It melts at 113° C. (235° F.), is consumed upon ignition without leaving a residue. Is soluble in concentrated sulphuric acid without producing color. A cold saturated aqueous solution of acetanilid when added to ferric chloride test solution should not affect the test solution. If the solution be now boiled, a reddish brown color is produced which is rendered colorless again by the addition of hydrochloric acid. A solution of acetanilid should be neutral to test paper. With these tests any physician can determine the purity of acetanilid.

It is said to be somewhat germicidal, as well as to have the effect of inhibiting the growth of pathogenic and other microorganisms. Its physiological action is more powerful than that of antipyrin, phenacetin, exalgin, etc. Is analgesic when applied to exposed nerve terminals in wounds or ulcers; while internally it is a pronounced antipyretic when used in continued fevers, but does not affect the temperature when given in normal conditions. Its antipyretic action consists in its ability to decrease heat production, while spending its force more upon the heat producing centers than upon those of heat dissipation. It also acts as a nerve sedative, affecting both the motor and sensory nervous centers. Is useful in typhoid, influenza, migraine, hemicrania and all forms of headache, as well as in suppuration of the middle ear when applied as an impalpable pow-

der. This shows its range of usefulness.

Acetanilid was first recommended as an antipyretic in 1887 by Cohn and Hepp and made official in the United States Pharmacopeia in 1890. Horatio C. Wood in his work on Therapeutics, 1902, page 603, declares that acetanilid may be used for the reduction of temperature in fevers, for the relief of pain and for the prevention of epileptiform attacks. That it will relieve not only the fulgurant pains of spinal diseases, but also the tremors produced by multiple sclerosis and is often useful in epilepsy. Barry (*British Medical Journal*) reports upon the use of acetanilid in the treatment of sunstroke, stating that it promptly reduced the excessive and dangerous temperature and in his opinion is a good and safe antipyretic when given in small doses.

Edward C. Brush (*Journal American Medical Association*) reports on the successful use of acetanilid in the treatment of typhoid fever, citing sixteen cases, concluding that in his judgment it is a valuable remedy. He gave it in small doses (3 grains) repeated cautiously until there was the desired reduction of temperature.

Acetanilid has been used in surgery as an antiseptic dressing on chancres, chancroids, cervical erosions and in leucorrhea as well as in fresh wounds of all kinds. It is stated by Harrell, Bodamer and Castle to be preferable to iodoform, boric acid, phenol or mercuric chloride solution and gauze. Bodamer declares that after a prolonged use of the remedy at the Baldwin Locomotive Works in Philadelphia, where amputations were formerly necessary he has had no loss of tissue nor the formation of pus in a

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How much have you unlearned this past year, and how much have you profited thereby?—*Medical Mirror*.

How much longer are you going to remain in the well-worn ruts of routinism and empiricism?—*Med. Mirror*.



single case. It does not scald the skin as does boric acid, has no odor as does iodoform, and does not poison by absorption as sometimes does phenol or mercuric chloride solutions. He also uses it as an application to mucous patches as well as in rectal ulcerations, with remarkably successful results. He declares it one-tenth the cost of iodoform and far superior as a surgical dressing.

Medical Inspector G. W. Woods, U. S. N. (*Journal American Medical Association*) reports his experience with acetanilid in twenty cases of lacerated wounds and operations, concluding his report with the statement that acetanilid should be welcomed to the outfit of all surgeons, especially those of the Army and Navy.

Frothingham and Prall (*American Journal of the Medical Sciences*, Vol. CX., p. 146), report their conclusions regarding this remedy thus: Acetanilid is probably to a slight extent a germicide; that it is decidedly antiseptic and as an antiseptic far superior to iodoform.

George F. Libby (*Medical News*, October 14, 1899) has treated with excellent success three cases of acute and ten of chronic suppurative otitis media with this drug. After removing the discharge with absorbent cotton and then applying cotton saturated with hydrogen dioxide to clear the auditory canal and tympanum, the most finely powdered acetanilid is gently insufflated into the tympanum, care being exercised that the coating is not too thick so as to retain the discharge. In obstinate chronic cases—provided the patient can be seen daily—the middle ear and inner fourth of the canal may be packed with the

drug. This, of course, requires care.

We will not undertake to prolong these references as to the virtues of acetanilid, as space will not permit, but proceed to report in brief, unfavorable experiences.

E. S. Boland (*Boston Med. & Surg. Journal*, Vol. XXXVII, p. 95), I. M. Snow (*Archiv. of Pediatrics*, Vol. XIV, p. 430), Gartman and Ball (*The Philadelphia Polyclinic*, Vol. VI, p. 381) report cases of poisoning through the too free application of acetanilid, detailing their cases. One was that of an infant where the product had been applied to the umbilical stump after severing the cord. Another that of a very extensive scald including putrid destruction of tissue of the buttocks, thighs, scrotum and penis. In these cases the trouble was charged to the too free application of the remedy.

Jacob L. Manasses (*International Medical Magazine*, June 22, 1901) reports two cases of poisoning following the use of this drug as a dusting powder on wounds in children, one of six weeks and the other two and one-half years old. Both were cyanotic, had subnormal temperature, feeble and slow respiration, dilated pupil, weak and rapid heart, cold extremities, cold perspiration and marked prostration.

Jacob Sobel (*Medical Record*, Sept. 30, 1899) reports a case of poisoning following the use of headache powders purchased of a druggist. Symptoms were cyanosis and coldness of the extremities, irregular heart action, dilated pupils, clammy perspiration, free sensorium. Recovery with appropriate treatment.

Francis S. Stewart (*Philadelphia Medical Journal*, Sept. 7, 1901) gives in

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How much energy, charity, sympathy, self-abnegation and other noble qualities have you wasted?—*Med. Mirror*.

There is hope for the doctor who has the courage to say, "I don't know, but I want to find out."—*Med. Mirror*.

detail treatment of two cases of poisoning from the application of acetanilid. One patient had sustained an extensive burn of the lower extremities. The raw surface of one limb was dressed with Thiersch's skin grafts, the other with copious applications of acetanilid. This patient was found upon the following morning cyanotic, collapsed and unconscious. The second case was that of a child aged four months, suffering from intertrigo of the scrotum, buttocks and thighs. To this another physician had freely dusted a mixture of acetanilid, 1-2 dram., calomel, 1 dram and subnitrate of bismuth, 1-2 dram. The following day intense cyanosis developed. Both cases reacted readily under appropriate treatment.

Finally, Stewart declares that he "has never known of a fatality following the use of acetanilid, but can conceive of its occurring especially if the patient be debilitated from age or disease." He concludes his report in stating that "in aseptic cases of surgical practice acetanilid has no place; in septic cases there are more efficient and less dangerous agents at our command." A case of acetanilid habit is reported by G. W. Gaines (*Medical Record*, Aug. 11, 1901): "Four years ago acetanilid was ordered for a negro patient suffering from rheumatism; the medicine afforded relief, but the pain would return when the drug was stopped for a few days. The patient began taking it constantly every day, until he uses as much as two ounces a week and has been doing so for some months.

Thomas W. Luce (*Gaillard's Medical Journal*, November, 1903), reports two very interesting cases of acetanilid habit.

One, an unmarried woman of twenty-six, from whom both ovaries had been removed four years previous, became addicted to the use of this drug for relief of an extremely nervous condition. She had frequent convulsive seizures which were attributed by her companions of a traveling religious organization, to spiritual manifestations. During one of these attacks she came under Luce's observation. He found her emaciated, limbs edematous, heart action weak and irregular, mucous membrane of mouth and vagina blue, skin and conjunctivæ very white. Urine of low specific gravity with large quantity of albumin. She had frequent convulsions which were at first attributed to uremia. The nurse found a large quantity of acetanilid in the patient's trunk which she acknowledged taking. She showed all the traits of the confirmed morphomaniac, moral depravity, etc.

The second case was that of a female, married, aged thirty-two, teacher of elocution. She had become addicted to the use of this drug in the form of a popular nostrum, because of severe pelvic pain, but learning that it contained acetanilid, which could be had much cheaper, began and continued to use that instead of the high-priced nostrum. Treatment consisted of removing the drug at once. With careful watching, for neither could at first be trusted, rest and tonics, they soon began to improve and were entirely recovered in six months. Neither of these cases showed a craving for the drug, nor was there depression after its withdrawal. Recovery was complete and both resumed their avocations without further need of the drug.

The symptoms of poisoning from ace-

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Dr. W. J. Robinson, of New York, editor of that spitfire journal, the *Critic and Guide*.—*Medical Mirror*.

Of all things necessary in the practice of radiotherapy, is faith. The physician must believe and impress his belief.—G. G. Burdick.

tanilid are cyanosis, weak and rapid pulse and heart, dilated pupils, subnormal temperature with cold extremities, feeble and shallow respirations, cold and clammy perspiration, marked prostration and collapse. The urine is apt to be scanty and to show considerable coagulum on boiling, be red in color (due to hematomorphyrin) with casts and epithelial cells. There may later be complete suppression of urine with acute diffuse nephritis. There will be marked hyperesthesia over the abdomen which will probably disappear upon manipulation. Superficial circulation poor, progressive jaundice. Hemorrhage from the bowels may occur.

A simple test of stomach contents is

an aniline odor on heating with caustic potash.

Physiological antagonists are alcohol, ether, strychnine, and oxygen inhalations. Chemical antidotes and treatment will consist of emetics or stomach tube, castor oil or other purgatives, *recumbent posture to be strictly maintained*; artificial respiration if needed; faradization or galvanization of respiratory muscles if threatened collapse; bland fluids internally if much abdominal irritation; mustard plaster over heart with external heat if temperature is subnormal or cold perspiration.

The smallest fatal dose of acetanilid recorded is 5 grains.

New York City.

## HOW TO CURE CHOLERA.\*

BY P. W. O'GORMAN, M. D., M. R. C. P., D. P. H., MAJOR, I. M. S.

### II.

**O** THER important treatment in this stage is to take every precaution to prevent onset of collapse. Confine to warm bed; apply sinapisms (on previously damped brown paper—the more thoroughly mustard is mixed, with or without vinegar, the stronger it becomes), or turpentine fomentations to abdomen, to arrest vomiting, purgation and cramps and to stimulate generally. In the earliest stage the dietary should be bland and very limited. So soon as we are assured it is really cholera, absolutely stop all food of any kind, whether milk, soup or any other. Moderately cold water only, slightly aerated or plain, may be allowed freely. Excessively cold water or ice

does harm by chilling the internal surfaces first and then exciting congestive reaction, thereby also exciting thirst, besides serving to further reduce the already abnormally low body temperature. To refuse water entirely is stupid and cruel, for the exhausted body fluids must be replaced as far as possible.

But why should we stop all food? For four important reasons: (a) Would you give food during acute arsenical poisoning? No; and just because we have an irritant poison inflaming the gastrointestinal tract, which, like any other inflamed organ, must have quiescence and rest. (b) Food only increases the vomiting and purging and hence the shock and exhaustion. (c) Food cannot possibly be absorbed, much less digested (especially during collapse), and acts as

\*Reprinted from the *Indian Medical Gazette*.

We have few physicians; the profession has resolved itself into surgeons, assistant surgeons and would-be surgeons.—Burdick.

Chaos reigns in therapeutics, the majority having lost all confidence in galenic preparations.—G. G. Burdick, *Wis. Med. Rec.*

a foreign irritant body. It is therefore worse than useless. (d) Food only affords pabulum for the culture of choleraic and colonic bacteria. It is therefore dangerous. Therefore avoid food *in toto*. There is no fear of killing your patient; on the contrary, it may mean life. I have stopped all nourishment for three or four days without the slightest harm, and saved the lives of my patients.

In addition, give carminatives, sedatives and astringents. Chlorodyne is very useful. Sulphuric acid and laudanum used to be much in vogue, but although the acid is antagonistic to Koch's bacilli, I don't believe in it much. The Indian cholera pills of camphor, capsicum, opium and asafetida are convenient. I would suggest the substitution of morphine for the crude opium, and the addition of two or three drops creosote as this antiseptic has proved highly prophylactic against camp dysentery and enteric among the Japanese in the present war (each soldier carries his own pills). Colonel E. Lawrie of Hyderabad used to strongly recommend quinine as a prophylactic. It acts probably as a germicide. In short, almost any astringent or narcotic may now be given, relying mainly on the alkaloid morphine rather than on opium (because it varies in strength from 1-4 to twice the B. P. standard, so that you never know where you are, and life should not be left to chance).

There is one other drug recently introduced that promises extremely valuable help—nuclein (nucleinic acid is its chief ingredient), "the active principle of life," "the ultimate basic principle of serum therapy" (Abbott), "the stimulator of the nerve center of leucocytosis" (Shaller). It has the remarkable property of

increasing (doubling) the bactericidal power of the blood by multiplying even to 75 per cent. the polynuclear leucocytes or phagocytes, as well as the red cells (which can be proved by the microscope); and it is at the same time a powerful systemic up-builder, stimulating cell-growth. It is thus a physiological germicide and antiseptic and antidotal to absorbed toxins. Its indication in cholera is thus very insistent. Give it throughout the disease (noting that the effect of a dose passes off in 30—48 hours)—at first, hypodermically (5 per cent. solution), 15 to 30 drops with equal parts of distilled water, every 4 or 6 hours. Once reaction sets in, it may be given per os. in 10 to 20 drops twice or thrice a day. Caution.—Sterilize the hypodermic syringe and needle by boiling or absolute alcohol; and the skin by soap, followed by 5 per cent. carbolic solution and cotton wool.

V. *Treatment in the Collapse Stage.*—There is no disease in which collapse is so profound. The indications are exactly the same as already given, except elimination. Add to these the urgent necessity for combating collapse. At this word the ordinary practitioner at once jumps to brandy! He has been taught in college—as the layman has from infancy—that alcohol is the elixir of life. It is my duty to utter the most solemn warning in this paper. Beware of alcohol in cholera! I have the firm conviction that a vast number of cases owe their deaths to alcohol: it is truly the elixir of death. For years I have besought my assistant surgeons and hospital assistants to avoid alcohol in cholera as they would the very devil. They say: "But we must stimulate and sup-

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When strychnine has been given over a week, note if rapid pulse and irritability may not be due to it.—*Wis. Med. Recorder*.

Zurich hires 40 doctors at \$2,500 a year each, furnishes free treatment to all and shuts out the rest.

port the patient." Most certainly; and this is our obvious and most imperative duty. But alcohol is not a stimulant, no more than opium or tobacco. It is a sedative in small doses and a narcotic and even irritant-narcotic, in large continuous doses! It is not a tonic, but a depressant. It is therefore not an antagonist of collapse, but a collapse producer.

Dr. J. Barr (Physician, Royal Infirmary and Lecturer, Clinical Medicine, Liverpool University), in his recent powerful address on "Alcohol as a Therapeutic Agent" (*B. M. J.* July 1, 1905) confirms and emphasises every argument against it that I have used in my book on "The Scientific Valuation of Alcohol," and he is not an abstainer. Suffice it that, after the first temporary fillip of irritation, alcohol has a parietic effect on the vasomotor system; and the blood pressure falls, and the body temperature sinks—in fact, the lowest temperatures on record are in cases of alcoholic excesses. On the splanchnic area this is emphasised and venous engorgement of all abdominal organs results. The heat-regulating centers are deranged, metabolism is seriously impaired, and urea, carbonic acid, and other unoxidized waste accumulates in the blood and tissues; hence the dark color of the blood and practical suffocation. (Note that cholera post-mortems are asphyxia post-mortems.) The energy of the heart is wasted, pumping blood into relaxed vessels, and the nervous system is rapidly "fagged out."

Finally, Professor Sims Woodhead has shown, from the experiments of Delearde and Laitenen, that it was almost impossible to confer immunity against rabies, tetanus and anthrax on alcoholized animals; and, even when previously pro-

tected, they rapidly lost it under subsequent alcoholization. In fact, alcohol is a "narcotico-parietic-irritant" toxin somewhat akin to those of diphtheria, enteric and cholera. Behold, then, this "stimulant," this aqua vitæ, still freely prescribed in cholera! Is it astonishing that such cases would die like flies? But the same objection applies to all sedative and narcotics, including ether and chloroform; while they also add to the dangers of urine suppression and uremia when reaction sets in. And here I would draw special attention to the danger of the universal practice of continuing chlorodyne, cholera pills and "cholera cures" *ad hoc genus*, once collapse sets in. This is a fatal procedure. It but deepens collapse. How can it do otherwise? The already depressed system is hypersensitive to all lowering agents.

*How, then, would you combat collapse?* There are practically only two great remedies: *Atropine* and *strychnine*. It is astonishing how little these enormously valuable drugs are known. These are veritable *sheet anchors* in cholera.

*Atropine* is not a general sedative as we are commonly led to believe. It powerfully stimulates and quickens depressed action of the heart and lungs; primarily contracts and secondarily relaxes the small arteries, augmenting the blood in the integument so that the skin flushes, thus relieving congestions and hemorrhages; raises the blood pressure; increases the temperature; checks the secretions, such as serous discharges, sweats, etc.; and relaxes spasmodic contractions of both voluntary and involuntary muscles, and relieves pain. Lauder Brunton has shown it exactly antago-

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Each Zurich physician of the city has 4000 of the population to attend; each citizen paying 80 cents a year.

Doctors are probably nearly as apt to buy cheaply as the druggists; the dollar is a powerful persuader.—*Wis. Med. Rec.*

nizes the pneumogastric irritation constituting cholera. It is therefore an almost ideal remedy in shock and collapse from any cause. Give *hypodermic* doses of the sulphate, ranging from 1-60 to 1-30 grain; and says Dr. Shaller: "One need not hesitate to inject 1-30 to 1-20 of a grain when proper symptoms (of collapse) are present. Repeat the dose, if necessary, within one hour. It is better still to anticipate this condition and give it at the very first sign of collapse or shock, and in this way one will prevent this very serious condition from coming on."

It is wiser to *give small doses repeated than one or two large doses*; the effects can be watched better. In health, 1-10 grain might prove fatal to an adult; in collapse, however, larger doses may be administered, especially if opium or its derivative, or pilocarpine has been exhibited, as they are antagonistic. "*Children* of five years and upwards may begin with 1-500 of a grain, gradually increasing if necessary. In *infants*, 1-200 grain should never be exceeded, unless the dose has been gradually increased, and it should be guarded always with one-half the amount of morphine" (Shaller's guide). Children bear it proportionately better than adults; blondes are extremely susceptible. Inebriates may become wildly delirious.

*Hyoscyamine* resembles atropine, but is milder; the latter is preferable in urgent cases. I have seen two cholera cases become unconscious and delirious, sleep well and recover. (c) In sudden and dangerous collapse or syncope, 1-250 grain *glonoin* (nitroglycerin) by mouth should precede atropine.

*Strychnine* is the most powerful nerv-

ine, cardiac, vascular, muscular and respiratory stimulant known, i. e., acting through the nerve centers. It is "the most powerful incitant of the vital functions that we possess;" "its effect upon the nervous system closely resembles the action of electricity" (Shaller); it exalts all the functions of the spinal cord—reflex, motor, vasomotor, and sensory—the latter being least affected. (Potter.) The vascular pressure is raised, the pulse strengthened and slowed; and while the vasoconstriction is greatest in the internal (as abdominal) vessels, those of the skin, and possibly the muscles are dilated. (Cushny.) The internal temperature falls a little, while that of the skin rises. (See Alkaloidal Therapeutics.) Surely, then no better drug exists for cholera collapse. "No remedy," says Shaller, "is so strongly indicated in surgical shock and in collapse as strychnine, but only in very large doses. According to Hare not less than 1-20 of a grain should be employed, hypodermically, every half-hour."

For children *brucine*, quicker yet milder (by 1-40th strength) may be used *per os*; grain 1-134 every quarter hour for infants, till effect (Alk. Therap.); older children in proportion, say two to four such doses.

To these I may add caffeine, given in addition, in small repeated doses, as a general stimulant and heat raiser.

There is no better or more potent diad in cholera than atropine and strychnine. The only danger is that strychnine would not be pushed enough—therefore, don't fear; give big doses. Remember it is the only chance. I have usually injected 10 to 15 minims (about gr. 1-10 to 1-7 of the liquor strychninæ sulph., B. P.,

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Combating fatigue with alcohol, tea, coffee or nicotine, is like bandaging the eyes of a watchdog.—Schleich.

For stimulation camphor acts almost immediately, strychnine requires some time, digitalis still longer.—Manges.

with equal quantities of distilled water, every 4 to 6 hours, with benefit and never harm; and one case was so thoroughly stimulated, his pulse thumped and respiration panted for a couple of days (which I did not relieve), but his life was saved. But, if attendance permits, I would now commend smaller doses, repeated more frequently till effect. If an *antidote* be required, chloral will at once relieve.

*Other important treatment* is the usual physical remedies for restoring warmth; hot blankets; hot bottles or bricks, wrapped in flannel, round body; friction with powdered ginger or capsicum, mixed with flour; and sinapisms to heart, stomach, spine, nape of neck, and calves (blisters to side of neck, over the vagus, have been recommended.) Repeated *subcutaneous or rectal injections* of warm, sterile common salt solution (dram to the ounce of *boiling water*) for replacing blood fluid, may materially aid reaction. It is probable that *hot immersion baths*, especially in infants, would prove a potent aid to other treatment.

Take care not to kill the patient by scalding from an ill-corked bottle; nor to cruelly blister the body with mustard; nor overdo the turpentine applications, for fear of kidney congestion and strangury. Remember the skin is very insensitive, so that no complaints may be uttered. Give plenty of fresh air, warm if necessary, but not charcoal-heated, which may kill from CO and CO<sub>2</sub>.

VI. *The Stage of Reaction.* Under the above treatment six hours should make a marked improvement. But do not relax efforts until reaction is thoroughly established, and even then continue the strychnine at longer intervals

(say six to twelve hours) until all danger is passed. Remember excessive reaction—reactionary fever ensues in all European cases or in natives with European meat-eating habits, as Babus, Gurkhas, certain Mahommedans, etc., but not as a rule in ordinary vegetarian natives. Hence its prevention or moderation must be kept in mind. A curious thing is that it resembles in some cases *enteric fever*, and I invite study of this. *Continue intestinal antiseptics till convalescence.* Aconite offers satisfactory means of reducing temperature. The bilious nature of the motions, now fecal and semi-solid, must be cautiously maintained with calomel and mag. sulph.

With collapse, of course, the urine has ceased to be secreted—the organs engaged with the ejecta and sweat having usurped the functions of the kidneys. It may take a couple of days after reaction to establish them; while fever, as is usual, may further delay them, as may also previous treatment: opium, morphine, atropine, etc., all arrest secretion. It is therefore a mistake to worry the kidneys by too early attempts at forcing action. At the same time *urination occurring is an important sign of safety*, implying the permanent establishment of reaction and the recovering of the kidneys from congestive nephritis. If, by the second day of reaction no urine passes even unconsciously, or accumulates in the bladder, try counter-stimulation of the loins. If there is urgent danger of uremia, pilocarpine, gr. 1-10, may be injected; but it is a risky drug, and, if the heart is weak, should be guarded by gr. 1-10 or 1-20 strychnine. But ordinarily, if the aconite and diaphoretics do not overcome the difficulty, try *hot*

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A little attention to the nipples for a couple of months before the baby comes will save many a pain.—Dukes, *Pacif. Med. Jour.*

Weakfoot may be an entity or an early stage of, or mild degree of flatfoot. The arch is not flattened.—McClure, *Lancet-Clinic.*

*coffee, or kola, or even tea.* Then, *caffeine alkaloid*, gr. i, every half-hour until effect, with or without digitalin. Please note that atropine, strychnine, brucine and caffeine (tea and coffee), unlike ether, chloroform, morphine, alcohol and chloral, all *raise the body temperature*. (See Schafer's Text-Book of Advanced Physiology, Vol. I, p. 821).

As for *diet*, a small quantity of very bland and nutritious food, repeated every two to three hours, is to be cautiously tried as soon as the reaction is well assured. Brand's essences, Valentine's meat juices, bovine, hematogen, or raw egg, along with arrowroot *prepared in water*, and predigested or not with pancreatin or maltine, and zymised milk, suggests the safest nourishment. Next day these may be followed up with Benger's predigested food in milk, or Nestle's and Mellin's foods, etc. Sanatogen, containing the glycerophosphates of sodium, somatose, "the most highly concentrated food known," and plasmon,

milk albumen in digestible form may prove exceedingly useful; all three have been highly eulogized in similar cases, as powerful restoratives. Ring the further changes on porridge of rice, sujee, sago, hominy, "grape-nuts," "force," "frame food," etc. The return to solid food should be gradual, not before a week to a fortnight after convalescence (i. e., return of temperature to normal).

Have little to do with beef teas (including Liebig's extract, lemco, bovril, and the like), or broths and soups—the sham "nourishments" of our grandmothers and of ancient physicians; they are a delusion and a snare. Dr. Fothergill, years ago, denounced them as being answerable for more deaths than all the wars of Napoleon; and yet we hear of them still pervading our sick dietary, taking equal rank with that other hoary impostor, brandy. It must be re-repeated that *these are only mild stimulants and appetizers, and not food* in any practical sense—the real food is cast out in the rejected meat.

### SOME OF THE THERAPEUTIC USES OF STATIC ELECTRICITY.

BY HENRY WESTON BARNUM, M. D.

**D**URING the past few years static electricity has taken a prominent place in the treatment of many diseased conditions. For four years the writer has had a static machine in almost daily use.

We shall not detail the physiological effects of this form of electricity, but simply state that they are very decided upon all the body functions. The polar effects differ in that the positive is more decidedly sedative and nutritional.

To produce the most tonic effect the patient should be connected with the positive pole while seated upon the platform, the negative grounded. If now, with balls wide apart, machine in motion, you present the sharp-pointed brass electrode to within a foot of the patient, a very irritating negative breeze or spray will cause the skin to tingle. If sparks are given they are painful. Change the insulation to negative, repeating the experiment, and the positive breeze is

An early frequent symptom of flatfoot is pain and tenderness at the center of the heel from jarring walk.—McClure, *Lancet-Clinic*.

In contracted, nondeforming clubfoot there is pain and discomfort on standing or walking.—McClure, *Lancet-Clinic*.



soothing, and sparks not so painful. Let us cite a case or two. A woman of sixty years had been ill eight months. Could not get to the office unaided. Gave her positive insulation, negative grounded, twenty minutes daily, for two weeks, then three times and lastly twice a week for a month—cured. There has been no return, except in a slight degree, for two years, when a few treatments put her again in good condition.

A woman called for relief from toothache. Positive breeze, as strong as possible without sparks, for an hour, relieved all pain for some hours, when the tooth was extracted.

A cab-driver had complained of a pain back of the sternum for some time. Positive breeze for half an hour removed it permanently.

Perhaps the most remarkable cure we ever effected was that of chronic headache from which the man had suffered about three times a week for twenty-five years. Three months of treatment, ten minutes daily, positive head breeze, so relieved him that three years have since passed with rarely a headache.

Since studying with Doctor Snow of New York, we have used the Morton wave current with good effect as a tonic as well as in the treatment of many acute and chronic inflammatory affections. In applying this modality a piece of block tin is used, the shape and size depending upon the part to be treated and the intensity of the effect desired. This tin has a small hole near one end or edge, into which a copper wire is hooked, the other end of the wire always being fastened to the positive pole of the machine, negative grounded, when a treatment is given.

The tin is always placed next the skin and closely pressed and held to it by tapes or by a cushion placed between the part and the chair on which the patient sits. The chair is placed upon the platform about three feet from the machine, opposite the positive pole. The sliding rods are always in contact when the machine is started, and are separated very slowly. In a minute or two when the skin gets somewhat moist under the tin, they may be drawn apart more rapidly till the proper gap is attained. Let the patient indicate how fast to increase the spark.

In using this modality for tonic effect and in all affections in which we desire to treat a large part of the spinal cord and its nerves, the tin should be cut fifteen inches by two inches, placed next the skin over the spine, the upper end being attached to the positive pole. Use a spark gap of six to eight inches, prolonging the session twenty minutes, repeating it daily for a time, then not so often, as improvement is shown. If the patient is very nervous, place cotton in the ears to deaden the noise, and be extremely slow in increasing the gap. It may take several treatments before you will be able to attain the required spark-gap. The noise does not seem to detract from the sedative effect, as patients often fall asleep during the session. We recently treated a nervous, broken-down man who regularly slept during treatment and took another nap after going home. We once treated a five month's baby for anterior poliomyelitis who always slept soundly during the session.

In a case of Bright's disease, we placed a tin, six inches by three inches,

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Metatarsalgia follows wearing badly-shaped shoes, often in women, neuritis between third to fifth toes.—McClure, *Lancet-Clinic*.

Irritation exostoses form at the first and fifth metatarsophalangeal articulations, where strain is greatest.—McClure, *Lancet-Clinic*.

across the back, and used a spark gap of eight inches. The sessions were daily for two months, then not so often. Improvement was slow but the tonic effect was so marked that the patient was much pleased. Eight months after the treatment was discontinued, the urine showed very little albumin.

One of the most signal triumphs of static electricity is achieved in the treatment of lumbago and sciatica. In the former we place the tin, six by three, across the painful muscles, using as long a spark gap as possible, for twenty minutes each session. Removing the tin, we reverse the grounding, connecting platform to negative pole by the metal crook, and with balls wide apart, give sparks to the affected muscles for five minutes. It is always well to spark the entire spinal region and the legs. One should study the patient and not give such a vigorous treatment that he will never come again; and sessions should be close enough together that the effect be not lost. Let me cite a case: Mr. P. came hobbling into the office, very much bent and in great pain. He had been suffering for three weeks. Treatment was given as outlined and he walked from the office erect. This was at night. Two treatments the next day and one the next, cured. A later attack was cured as quickly and there has been no return in more than a year. We have had many such cases with a similar result in every case. Positive assurance of speedy relief will cause almost every patient to bear the pain of the sparks; and, when he finds the first treatment has given such relief, he becomes enthusiastic also. Personally we know very well what lumbago is, as twice a year it used to put us

in bed; but our static machine has enabled us to keep out of bed and walk erect for four years.

What can be done for sciatica? If the patient can get to the office, seat him upon the platform with a three by four tin over the most tender and painful point, usually the sciatic notch; connect to the positive pole, and carefully attain the longest spark gap possible. It may take several sessions, twice daily, before an eight-inch gap is reached. Spark the leg and back also vigorously after each treatment. Acute cases are usually cured in a week or less. Chronic cases yield more slowly and often require the most vigorous sparks before they are cured.

We are always careful not to deceive a patient by saying sparks do not hurt. They are painful and they must be applied to the most tender and painful spots for there is the congestion we are trying to relieve.

In the various forms of arthritis we have found the wave current and sparks very effective. If the fingers are affected, each must be wound with a narrow strip of tin long enough for one end to reach up over the back of the hand to the wrist. Complete the dressings by binding snugly around the wrist, covering all these loose ends, a cuff of tin which is then attached to the positive pole. If both hands are affected, prepare alike, resting one upon the other, only one wire being then needed. The spark gap will be one or two inches. After twenty minutes, remove the tin and give a dozen short sparks to each joint. We have found daily treatments very effective in subacute and chronic rheumatism and arthritis deformans.

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Erythromelalgia begins with pain in heel, sole or toe, horrible pain on hanging down, purplish hue.—McClure, *Lancet-Clinic*.

Plantar neuralgia accompanies contracted foot, agonizing paroxysms, excessive tenderness, peculiar burning.—McClure.

If the feet or the knees are affected, cut the tin into such shape as will permit its being bound smoothly and snugly to the skin. We have met with some sad cases of arthritis deformans too far developed for cure; but we are fully convinced that could static treatment be instituted early in the disease, such a thing as a deformed hand or foot would never be seen from that cause. In almost any stage of the disease arrest of progress may be assured and in many cases great improvement and relief of pain. Persistence in treatment is requisite.

We have one patient, a lady, with decided rheumatic predisposition. At one time her fingers gave her much pain. A few treatments as above so relieved her that for a year there has been no return and but little manifestation of the disease elsewhere.

Fourteen months ago a milkman fell from his wagon, seriously injuring the knee. He was attended by one of our surgeons who said some of the muscles and ligaments were torn, and who put the leg in plaster. The patient did not get about for three months, and since then has been lame and in some pain. Calling at the office we applied the wave current as strongly as he could bear, followed by sparks. This was repeated daily for twenty minutes and resulted in decided improvement, but owing to a break of machinery at the supply station from whence we derive power, treatment was suspended after four days for three weeks, when it was found some ground had been lost. This was quickly regained and improvement continues.

The power of the wave current over congestions is still further shown in its relief of prostatitis. A case presented

was that of a married man who suffered from pain and pressure after even moderate sexual indulgence. The current was applied by means of a metal electrode introduced into the rectum, the spark gap as long as he could bear. The effect was all that could be desired.

Locomotor ataxia is a dread disease and any means of securing arrest of progress is gladly welcomed. At the school above referred to several cases were under treatment, each showing improvement. One year later we saw one of these patients. He was working regularly at his trade, still improving. When he began treatment he was unable to work. In our own practice three cases have been treated during the past two and one-half years. In the first two, good results in the arrest of progress and in general tonic effect have been obtained. In the last case there is a slight improvement, but sufficient time has not elapsed to determine final results. The treatment consists in applying the wave current, sparks, and friction sparks, the entire session lasting half an hour, daily for several months, then two or three times a week for two years. The long tin mentioned above is passed down along the spine, as long a spark gap as possible being used. In any tenderness in the lumbar spine, a three by six tin is placed there instead of the other tin. The sparks are applied to the entire spine, legs and bottoms of the feet. Dead nerve cells cannot be restored to life, but those functionally dead can be restored and further degenerative change arrested.

Using the static machine as a generator of high frequency currents enlarges its sphere of usefulness very markedly. In many cases the current is applied by

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Bursitis beneath the ball of the foot may accompany contraction, removal giving perfect relief.—McClure, *Lancet-Clinic*.

Opium Habit: When you realize how much suffering is due to autotoxemia and suggestion you are an adept.

means of a glass vacuum tube. This tube may be attached by a wire to the positive pole, with the negative grounded. This will be a form of wave current and as such we have used it with success in herpes zoster. Commonly some form of resonator is placed between the tube and the machine. In zoster the tube is applied to the entire area affected, giving twenty minutes to the session, daily, for a week.

In other cases of neuritis, as brachial, the application is made to the brachial nerve and to the entire arm. The treatment is much more bearable if applied to the skin, clothing removed. Close the session with a decided sparking, repeating daily till better, then less often.

In the various forms of arthritis affecting the smaller joints, and after recovery from acute articular rheumatism when the fingers and wrists are sore and stiff, glass vacuum discharges are of great value. We often give the patient the tube and let him rub it over the parts for ten minutes, when we finish by vigorous sparking. As these patients are generally anemic, autocondensation methods are valuable.

We are quite enthusiastic in the use of the glass vacuum electrode for acne. It is our practice to treat the parts a few

times, then give the patient a hand mirror and let him treat himself. This creates interest and he will be sure to be thorough. The entire affected area is to be reddened, the time occupied being fifteen to twenty-five minutes daily for two or more weeks, then less often. Results will be pleasing.

A woman came to the office for relief from hemorrhoids, constipation and irritable bladder. We used the glass tube in rectum daily for a week, then less often for two or three weeks, completely relieving all the symptoms.

In fissure of the anus and in mild cases of prostatitis we have used the vacuum tube with success in every case, only a few sessions being needed.

Very annoying are those cases of small boils on the neck. They can be cut short in one or two vacuum tube treatments if thoroughly done. First hold the tube on the boil for five minutes, mild current, then increase current and give one inch sparks for two or three minutes. Repeat next day if needed.

These experiences come in the practice of nearly all general practitioners, and each may duplicate the result if he will install an efficient static machine.

Poughkeepsie, New York.

## THE THYROID GLAND.

BY H. D. CHAMPLIN, A. B., M. D.

### III

#### SERUM FOR EXOPHTHALMIC GOITER.

THE first work along the lines of producing a serum for exophthalmic goiter was done by Ballet and Enriques. About the same time Lanz

prepared a serum from thyroidectomized animals, which he claims to have used with good success. Merck prepared a serum of this kind

**Opium Habit:** The problem of thoroughly cleaning out the bowel is not so simple as it may at first seem.

**Opium Habit:** Cholagoges, salines and many colonic flushings are needed to empty and keep empty the intestines.

according to the formula of P. J. Moebius. Several reports have appeared, especially in the German periodicals, upon the therapeutic activity of this preparation. Quite favorable results seem to have been obtained, consisting of marked improvement in the pulse-rate, tremor, and nervous symptoms characteristic of the disease. A gain in weight, increased appetite, and decrease in the size of the tumor were almost invariably noted. The milk of thyroidectomized animals has also been used with good results.

Thyroidectin, a preparation from the whole blood of thyroidectomized animals, has given very promising results in the hands of several eminent neurologists in the United States. Lepine prepared a strictly antithyroid serum by injecting into animals increasing amounts of thyroid gland substance, for which he claims beneficial effects upon Graves' disease.

Exophthalmic goiter has been experimentally treated with tablets of desiccated milk from thyroidectomized goats and cows; the liquid milk taken from these animals after they were subjected to the operation of thyroidectomy; tablets of desiccated blood from thyroidectomized animals; the serum from thyroidectomized animals; and finally the powdered, dried, whole blood.

The clinical course of exophthalmic goiter is so varied that one is justified in withholding an opinion as to the results of any particular method of treatment until very considerable numbers of cases have been followed for a long time. However, when clinicians of the reputation of Moebius and Von Leyden go on record in favor of a method which is furthermore founded on a scientific

principle, it may be thought to be of no inconsiderable value. Von Leyden has recently published an interesting clinical lecture on the topic.

The literature is fairly full of authorities for the statement that the treatment of exophthalmic goiter by the blood of thyroidectomized animals is followed by improvement in the symptoms of tachycardia, exophthalmos. Graefe's symptom, struma, physical depression, insomnia and headache, and a gradual disappearance of the whole of the morbid symptoms. The treatment must be continued for long periods, possibly years, before a total cessation of symptoms could be considered permanent. The apparent results are so striking as to encourage further use of the serum.

Antithyroidin Moebius, rodagen, glycerin extracts of the blood serum and the milk of thyroidectomized goats are all administered on this principle.

*Impotence and frigidity* in man and woman are sometimes benefited by thyroid extract. In man there is a non-development of the penis, shown by the small size of the organ, the testicles being small and soft to the touch, combined with a history of congenital want of power and perhaps desire. Several months' treatment will very often bring about marvelous changes, desire and capability becoming normal and even excessive. In females there is often a history of delayed menstruation with a tendency to masculinism. In cryptorchidia, unilateral or bilateral thyroid feeding will sometimes cause the descent of the testicles.

Thyroid treatment has been found useful in *skin diseases*, due probably to the increased circulation in the skin. When

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Opium Habit: After attending to the bowel the heart needs sustaining and all heart tonics relieve the suffering.

Opium Habit: As a hypnotic the prolonged hot bath beats all drugs except hyoscine and is the best of adjuvants.

one calls to mind that one of the most marked symptoms of myxedema is connected with the skin, viz., the pseudoedema, dry, scaly, harsh condition, absence of perspiration and sebaceous gland secretion, it shows a decreased circulation.

Gilbert and Herscher (*Bulletin Medica*, July 30th, 1902) claim extraordinary results with thyroid extract in the pruritus of jaundice.

Kocher has been making extensive investigations on this subject. His tests of persons with sound thyroid glands showed that the elimination in the urine of from .5 to 1 Gm. of sodium iodide, ingested fasting, showed very little variation under like conditions. When the thyroid gland was diseased, however, there were wide variations in the proportions eliminated by various subjects and also by the same person at different times. Study of these variations demonstrated that they are due to differences in the histologic structure of the stroma.

The thyroid gland takes up the iodine and eliminates it rapidly again under normal conditions. The elimination is very much less rapid in thyroidectomized individuals. When the elimination proceeds rapidly in a case of struma, the gland will soon be found to have shrunk in size. Sometimes when the shrinking is very pronounced more iodine will be found in the urine than has been ingested. The specific parenchyma evidently becomes broken down in these cases. In certain others less iodine is eliminated than normally, and the struma does not shrink in size. This is the rule in the colloid goiter. The physiologic activity of the thyroid in this case

is reduced. Further tests revealed that goiters which reacted to the iodide, with retrogression and increased elimination of iodine undoubtedly took up an abnormal amount of iodine and worked it over in some abnormal manner, allowing it to get into the circulation and to induce symptoms of iodism or thyroidism.

The practical conclusions are to the effect that iodide treatment should be commenced as early as possible in incipient goiter, with small doses every second day. If the struma is capable of recession, an unmistakable effect will soon become manifest, and small, periodical doses will suffice to keep it reduced to its smallest possible size. It is unnecessary to give large doses in these cases, as they expose to a needless danger of iodism; that is, of partially abnormal functioning of the gland. If a struma does not show signs of retrogression under these small doses, and if it is a diffuse or nodular colloid struma, a longer and more intensive iodine treatment should be instituted. There is no risk to the patient from such treatment, as the colloid takes up the iodine and even large amounts are scarcely able to bring the proportion in the gland to the normal figure. On the other hand, even this iodine treatment is rarely successful.

In the treatment of cretinism, infantilism, myxedema, thyroid therapy has won its greatest laurels, and did it not cure any other diseased conditions its reputation would be well established and deserving of a place in the *materia medica*.

#### PREPARATIONS OF THYROID SECRETION.

Thyroid secretion can be given in various forms. The actual gland contain-

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Opium Habit: Some forms of nuclein exercise the most remarkable effect in sustaining and comforting the patient.

Opium Habit: Patients discontinuing opiates are easily affected by almost any medicine; give all cautiously, but to effect.

ing the secretion may be used; this method is of great utility in cases where experience is to be considered, and also when the patient resides at a distance and it is difficult to obtain tablets or preparations of the thyroid.

Arrangements can be made with the local butcher for the fresh gland from the newly slaughtered sheep twice a week. One-eighth to one-quarter of a lobe is a maximum dose to be given daily—being equivalent to about 10 minims of the liquor thyroidei.

The raw gland, being somewhat nauseous, can be minced and taken in glycerin or any other palatable vehicle, or it may be lightly fried of boiled before eaten. If possible, however, it is better as a rule to use one or the other of the two preparations of the gland, viz., liquor thyroidei or thyroid tablets.

Several points of great importance, are to be observed in administering thyroid:

The initial dose should be always small—one grain three times a day and gradually increased; it is rarely necessary to go above two grains.

Second point is the condition of the digestive tract, as thyroglobulin is precipitated by organic or inorganic acids. Alkalies should be administered at the same time (otherwise the drug will be only partially absorbed).

Third point. Watch the heart. An overdose may produce serious results and great depression of spirits. Especial care is required in old people with atheromatous arteries and fatty hearts.

The drugs advantageously combined with thyroid are: Arsenic, strychnia, digitalis, adonis vernalis, opium.

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Opium Habit: There is no real reason for any suffering not due to the patient's imagination, with bowels clean.

#### THE PARATHYROIDS.

These are two pairs of small glandular masses lying in close proximity to the lateral lobes of the thyroid body; they are flattened and of a reddish-brown color. They vary in size from 3 mm. to 15 mm. in diameter. They are of epithelial structure and composed of two kinds of cells. The principal cells have a relatively small homogeneous protoplasmic body; they constitute the greater part of the gland tissue. They present four different types: (1) A continuous uniform cell mass. (2) A continued cell mass, interrupted at frequent intervals by strands of connective tissue. (3) A series of anastomosing cells in a vascular fibrous reticulum. (4) Groups of small acini, each containing a small mass of colloid material in its lumen, and lined by a single layer of epithelial cells.

The second kind of cell is oxyphilic. There are three types of these cells: (1) A uniform cell mass. (2) A few columns of cells which gradually mix with the principal cells. (3) A single acinus lined with oxyphilic cells containing a colloid lobule in the lumen.

Sajous, in his masterly work on the Internal Secretions, claims that the pituitary body, thyroid gland and the adrenals are part of an autonomous system. The thyroid gland supplies the blood with some agency through which, directly or indirectly, the suprarenal glands are stimulated. The pituitary gland stimulates the secretory functions of the adrenals and thereby enhances the activity of the oxidation processes.

Insufficiency of the adrenals is followed by engorgement of the central vascular trunks, and depletion of the per-

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Opium Habit: The worst suffering we ever saw was in a man who thought he was being reduced but was not at all.

ipheral capillaries as indicated by general pallor. Over-activity of the adrenals causes contraction of central vascular trunks and engorgement of the peripheral capillaries, as indicated by general peripheral hyperemia which assumes the stage of "fever" when toxins accumulate in the blood stream.

In *syphilis* where the ordinary remedies, viz., mercury, iodide potash, etc., fail and patients seem on the down grade, with ulcerations, bone pains, cephalalgia, mucous patches, thyroid gland, two grain doses three times a day administered with soda bicarb., brings about re-

sults truly marvelous; all manifestations rapidly disappear, flesh is gained and things look in every way brighter. In twenty cases my results have even surprised me.

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 Cleveland, Ohio.

## STOMACH TROUBLES FROM THE STANDPOINT OF THE GENERAL PRACTICIAN.

BY ALFRED S. BURDICK, M. D.

### II

**P**AIN and tenderness.—The severity of pain is not a safe guide as to the severity of the disease. The loudest complaints are made by the neurotic. In ulcer the pain is sharp, severe, and dependent upon the presence of food; it appears as soon as it is taken into the stomach, while it is accentuated by the highly-acid secretion; vomiting brings relief; there is associated localized tenderness, often in a spot not larger than a silver dollar; often blood in vomit and occasionally in stool. In gastritis the pain is dull, more a sense of discomfort, and the tenderness is diffuse; discomfort comes on soon after eating and is associated with gas distention. In cancer the pain is more nearly constant, food may cause discomfort and vomiting, but is not itself the cause of the pain; grumous vomit; a

tumor; tenderness on pressure; emaciation. In hyperchlorhydria the pain comes on one to three hours after eating and is relieved by taking proteid food and by alkalies; acid eructations (heartburn) and diffuse tenderness.

*Vomiting and Vomitus.*—Remember first that vomiting may occur without disease of the stomach itself; witness the vomiting of pregnancy, the gastric crises of locomotor ataxia and the projectile vomiting of cerebrospinal meningitis; moreover, in gastric neuroses where the affection of the stomach is relatively slight the vomiting may be the most troublesome symptom and may cause rapid loss of flesh and weakness; it results from an exaggerated sensitiveness of the organ. Vomiting in the morning before taking food is a prominent symptom of alcoholic gastritis (as

Opium Habit: Why take away the prop of old age or the solace of the incurably diseased after many years' addiction?

Anemonin relieves the pains of orchitis and epididymitis; give a granule every half-hour till relief is assured.



well as of the early months of pregnancy). In acute gastritis and occasionally in ulcer, food is rejected as soon as it is taken, and painful retching may follow after emptying the viscus. In gastritis the vomiting is likely to be delayed until fermentation and its consequent distress occurs—an hour or two; the vomited matter is often large in quantity and consists of undigested food, sour or foul-smelling, frothy and mixed with mucus. If the stomach is dilated the amount rejected may be enormous. In hyperchlorhydria vomiting is not a constant symptom, and when it does occur is more likely to be the regurgitation of intensely acid fluid. Vomiting in cancer may occur early or late, but is a fairly constant symptom; more frequent when pylorus is effected; then recurring an hour or more after eating.

*Hemorrhage.*—Blood is found in the vomitus, as a rule, only in two conditions: (1) ulcer and (2) cancer. Rarely, in gastric catarrh the vomited matter may be slightly streaked with blood from capillary hemorrhage. If the blood is bright and considerable in quantity the presumption is that it is arterial. In most cases, however, it is dark and partially digested—therefore venous or capillary; this is particularly the case in cancer, where it is dark and “coffee-ground” like in appearance. If not rejected by the stomach it may pass into the intestine and appear in the stool. Duodenal ulcer presents strong points of similarity to gastric ulcer; here the blood appears in the feces and is usually absent from the vomit. Blood from the lungs or throat may be swallowed and simulate hemorrhage from the stomach.

*Condition of the bowels.*—Constipa-

tion is the rule in nearly all diseases of the stomach. It is especially marked in hyperchlorhydria, the excess of acid passing into the duodenum seeming to neutralize the alkaline secretions of this part of the intestinal canal and interfere with normal peristaltic activity. In chronic gastritis there is often an alternation of constipation and diarrhea; this is due to the fermentation and other retrograde changes of the fecal mass, which give rise to irritating substances which stimulate peristalsis; the feces are peculiarly foul. If there is associated intestinal indigestion the fecal mass will contain undigested food, especially fats. Examine for blood when you suspect solutions of continuity.

*General condition.*—In hyperchlorhydria the digestion is good and the nutrition of the patient does not suffer unless there is excessive vomiting preventing the taking of a sufficient quantity of food, or unless the patient starves himself on account of the pain following eating. In gastritis there is cachexia; the complexion becomes sallow and muddy, often there is considerable anemia and the weight declines, though not excessively as a rule. In cancer the loss of weight is rapid and there is usually the peculiar waxy cast of countenance of malignant disease. In the neuroses generally the symptoms are of a neurotic type, varying greatly from day to day. The exhaustion symptom of neurasthenia or the hysterogenic zones of hysteria are to be sought.

#### DIET—GENERAL PRINCIPLES.

In all forms of stomach disease the patient should be impressed with the importance of the following points:

1. The food must be simple; the mix-

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Aconitine is the remedy for inflamed testicle; give a granule every half-hour till the pulse and fever fall.

After subduing fever of orchitis with aconitine, give atropine enough to quiet the remaining pains and flush face.

ing of all kinds of things in a single meal, as in the ordinary course dinner is a digestive danger.

2. Frugality. Overeating is the source of most of our bodily ailments.

3. Thorough mastication. And this means that the patient must take time to eat—must make a serious business of it—while aiming to get the utmost satisfaction out of the function.

Of course there are other things of importance, such as the careful preparation of food, the avoidance of fried food, the value of fluid and its proper apportionment to the meals (often large quantities of water or other liquids are drunk while eating simply to wash the food down—with proper mastication this would cease to become a necessity), the proper adjustment of proteid, carbohydrates and fats, whether a milk, cereal or meat diet is to be advised, etc. All these things may be important on occasion, but it is not wise, on general principles, to lay down too extensive rules. The main essential is to live a simple and frugal life.

Recent studies by Pawlow, the great Russian student of the physiology of digestion, have shown the dependence of the stomach digestion upon psychic influences. We all know how the mouth will water at the smell or even the suggestion of some appetizing dainty. Pawlow has shown there is a similar response in the stomach to these same influences, the sight of properly and appetizingly prepared food, as well as the smell or even the verbal description, exciting the flow of gastric juice—or as he calls it the “appetite juice.” This emphasizes especially the importance of making meals attractive, by proper cooking, prop-

er serving, and of bringing the mind upon the meal; the lunch-counter style of dining, in which the individual swallows his meal in haste (to repent at leisure) while he talks business to his elbow neighbor, is unphysiologic and courts digestive disaster, with all the metabolic evils which follow in its train.

While we have not the time here to descant upon them, attention should also be called to the studies of Fletcher and Chittenden, which show that by thorough and complete mastication and insalivation the labor of digestion may be reduced to a minimum, while the quantity of food may be reduced by nearly half. According to Voit the average man doing ordinary work requires from 3000 to 3500 calories of food daily. (The calorie is the unit of food energy as measured in heat and is used by physiologists in measuring quantities of food.) These authors showed that it was possible to get along comfortably on half this if the food is chewed to the disappearing point.

#### DIET FOR SPECIAL CONDITIONS.

*Hyperchlordyria.*—Here the food should be non-irritant and at the same time have large combining power with HCl—in other words contain considerable proteid. Irritants, as spices, alcohol and hot drinks, forbidden. Milk, stale or toasted bread, well-cooked eggs, etc., meet the indication.

*Chronic gastritis.*—The quantity of HCl being small the food should be finely divided, or otherwise in a form to utilize to the utmost the HCl and ferments present. In some cases milk agrees best with the patient, in other cases finely chopped meat or raw lean meat that has been rubbed through a sieve does well;

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Very acute cases of orchitis in the plethoric need enough tartar emetic or veratrine to quell the fierce pulse.

Rheumatic forms of orchitis demand salicylic acid, a granule every half-hour with free saline purging.

in severe cases raw beef juice. Concentration of proteid food, carbohydrates in unfermentable form, such as simple cereals (toasted bread, zwieback, granose, well cooked wheat foods, etc.). Thorough mastication imperative.

*Dilated stomach.* — Minimum of weight with maximum of nutritive qualities essential. Therefore no liquid foods. Give concentrated foods; frequent meals. General principles of diet as in gastritis.

*Ulcer of the Stomach.*—Food by rectum for a week or ten days until acute stage of ulcer begins to pass; then cautiously by mouth, commencing with milk, gruels and gradually adding cereals.

*Cancer of Stomach.* — Concentrated foods, consulting patient's tolerance; beef juice, chopped beef, milk, etc.

*Neurosis of the Stomach.*—Do not pay too much attention to patient's whims and fancies, but avoid of course, any food unsuited to the gastric chemistry. If HCl is increased, diet as for hyperchlorhydria; if HCl diminished, as for chronic gastritis; but make diet generous and give an abundance of fats, as cream, olive oil and fat meats, according to tolerance. Meat, eggs and milk nearly always indicated. If these patients can be made to put on flesh not only the gastric trouble but the general condition is usually improved.

#### MEDICINAL TREATMENT.

Attention to the *condition of the bowels* is fundamental, since there is either constipation or diarrhea in practically every case—constipation being the rule. Owing to the stomach trouble a properly laxative diet is often impracticable. In hyperchlorhydria alkalies are indicated and the laxative may be combined with it; for instance, magnesia is an ex-

cellent laxative. With it may be combined a little rhubarb, or better still juglandin, to generally add tone to the whole alimentary canal. The following is suggested:

Atropinæ sulph.	.....gr.	1-500
Juglandin	.....gr.	1-6
Cerii oxalat.	.....gr.	5
Sodii bicarb.	.....dr.	1-2
Magnesii carb.	.....dr.	1-2

M. Sig. One-half to one dram at a dose in water. The cerium oxalate serves to quiet a stomach prone to irritability and the atropine checks excessive secretion. This formula is also of value in the vomiting of pregnancy. By the addition of a little tartaric acid (taking care not to add enough to neutralize the alkali) it may be given in effervescent combination. After the bowels are brought into proper condition they should be regulated by the use of the anticonstipation pill (Waugh).

In chronic gastric catarrh the first thing is to entirely unload the intestinal tract by the use of small, repeated doses of calomel; stimulation of the hepatic areas with iridin or podophyllin may also be indicated, for in this condition of things a large amount of work is thrown upon the liver and it is essential that it should functionate properly. In gastric catarrh the morning dose of saline is indicated; here we have a foul bowel and need the drainage. These patients nearly always benefit by a residence at the "spas"—simply because they are cleaned out thoroughly and are kept cleaned out.

In the neuroses the bowels should be regulated as far as possible by exercise and diet, but a preliminary cleaning out and the temporary use of the anticonsti-

Gonorrheal orchitis demands the quickest possible saturation with calcium and arsenic sulphides; full rapid dosage.

In orchitis phytolaccin aids in preventing suppuration and encouraging resolution. Give to full toleration.

pation formula will almost invariably do good.

As we have already said *alkalies* are the indicated remedies in hyperchlorhydria; this holds good also of acid gastritis (which however is not very common). The ordinary domestic remedy, and an effective one is the teaspoonful of soda in half a glass of water. Better is a formula such as we have already described, which has the advantage of at the same time acting as a sedative, laxative and arrester of secretion.

*Intestinal antiseptics* have a wide field of usefulness in stomach troubles. They are usually not indicated in hyperchlorhydria, for here the digestion is good and there should be no fermentation or putrescence of food. Nor are they indicated in ulcer—where the indication is for rest primarily and secondarily for such healing agents as bismuth subnitrate or nitrate of silver. If the stomach is very irritable they are not well tolerated and may be replaced by bismuth. In all forms of gastritis, however, there is a tendency to the breaking down of food in the intestinal canal and as a consequence the body becomes loaded with toxins. The sulphocarbolates, given well after the close of digestion, are indicated here. If there is much gas formation this may sometimes be arrested by giving the sulphocarbolates in small doses with the food. In cancer they are also of great value for similar reasons.

*Tonics and reconstructives* are indicated in practically all stomach diseases in which there is impairment of nutrition. The arsenates of iron, quinine and strychnine will be found especially valuable. Quinine or strychnine arsenate alone may be sufficient to restore the

needed tone, but there is a tendency to anemia in severe stomach troubles and in this case the addition of the iron salt is especially desirable. As a cell stimulant there is nothing superior to nuclein. In severe cases with marked debility this should be given hypodermically.

*Hydrochloric acid* should be administered only when the gastric secretion is scanty or absent. It is therefore indicated mainly in chronic gastritis—never, never, in hyperchlorhydria and ulcer. The dosage is a matter of difference of opinion. Some think that a small quantity acts as a stimulant to increase secretion; others advise 20, 40 or 60 minims of the dilute acid. Always give it well diluted and let it be taken through a glass tube.

*Pepsin* is now rarely given in stomach troubles. It is known that in the presence of any secretion of HCl and, sometimes in its entire absence, there is enough pepsinogen to do the work of the stomach. Add HCl and the pepsinogen is converted into pepsin. When it is entirely absent, along with HCl, it is now the custom to treat the stomach as if it were a part of the alkaline intestinal canal, administering pancreatin and soda, which do practically the same work as HCl and pepsin. But do not give the pancreatin and alkali when there is acid in the stomach; it will be inert.

The *vegetable digestants*, papayotin, with the proprietaries, caroid and papoid, and possibly pineapple juice, certainly have a large field of usefulness in stomach diseases. The fact that they are active in any medium, acid or alkaline, makes them often of use in feeble digestion from any cause. But it certain-

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In orchitis never apply adhesive straps, but use a pure rubber bandage which will permit swelling without choking.

Beckler advises saturated solution of potas. permang. applied to rectal ulcers, fissures, fistulas, etc.—*Off. Prac.*

ly is not the part of wisdom to give them when HCl is present in sufficient quantity—simply because they are not needed.

*Tonic bitters* are an essential part of the treatment with many physicians, but they are no longer used as much as they were. In cases of feeble secretion from some gastric neurosis (hypochlorhydria) quassin, preferably given in solution before eating, undoubtedly increases the flow of gastric juice. Other bitters have a similar action and carminatives such as piperin, capsicin, etc., may be resorted to in similar conditions with benefit. But in the gastric catarrhs there is a question as to the advisability of resorting to artificial irritants and stimulants; the stomach is already suffering from prolonged overwork and to stimulate it to greater effort may be irrational. Quassin and conduragin are, however, probably harmless and may prove very helpful.

*Gastric sedatives* may be required in nausea or vomiting. Bismuth subnitrate is one of the best. It should be given on an empty stomach and Fleiner introduced it through the tube, withdrawing water and leaving it in contact with the stomach walls. It is usually used in too small doses. Cerium oxalate is another excellent gastric sedative. In acute cases minute doses of calomel, given at frequent intervals, do the work. It may be given with small doses of ipecac (or emetine). Carboic acid, 1-2 gtt given in peppermint water is often effective, or creosote in the same dose. In severe cases, morphine hypodermically. Great relief is often obtained from the external use of hot compresses or the hot water bag. In feeble, irritable stomachs it is a good plan to lie quietly on the

back for an hour, after eating, with the hot water bag on the epigastrium. A hot mustard draft on the epigastrium and heat to the extremities often checks vomiting.

The *stomach tube* is a therapeutic resource of the utmost value, but its field of application is rather limited. It should be used in all severe cases of chronic gastritis, where there are no contraindications, such as severe heart disease, aortic aneurism or phthisis. It is not indicated in hyperchlorhydria and is contraindicated in cancer and ulcer, in which its use by a tyro would be dangerous. The purpose of the tube is to remove from the inflamed mucosa, all mucus, food fragments, germs and other irritants, so as to give the inflamed mucous surface a good rest. It is used rarely more than once daily. An alkaline or saline solution is usually used through it for its cleansing value, but medicinal substances may be applied directly to the diseased surface with it if so desired.

In conclusion I want to emphasize one point—the importance of *rest* in the treatment of diseases of the stomach. In acute conditions this is practically all that is needed. The withholding of food for a day or two can do no harm and is often the most certain way to bring about relief. In chronic cases rest is also desirable, in as large a degree as compatible with maintenance of nutrition.

I have not attempted to give all the remedies or remedial measures useful in stomach disease—simply to outline roughly some general principles. In later papers different diseases may be taken up and treated with more detail.

Chicago, Illinois.

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**Ophthalmia:** Chronic, strumous and cachectic cases do well on the iodide of arsenic and iodide of iron.

**Ophthalmia:** Gouty and plethoric patients should have a dose of colchicine at bedtime sufficient to act in the morning.

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**EMPYEMA (PYOTHORAX).**

BY CHARLES J. DRUECK, M. D.  
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**E**MPYEMA is one of those complications which occur during the course of a previous disease that has already laid the patient low. In this instance, the pleurisy or pneumonia has prostrated the individual, lowered his vitality and made him a fertile soil for the invasion of one of the various microorganisms which reach the pleuritic effusion through the blood or lymph circulation or by contiguity from the lung. In a few rare cases, perhaps, infection arises directly through a wound of the chest wall and occasionally it is a purulent inflammation from the beginning.

**BACTERIOLOGY.**

The germs most frequently found are the diplococcus pneumoniae, staphylococcus and streptococcus, and the tubercle, typhoid and colon bacilli.

The diplococcus pneumoniae is found in cases following acute croupous pneumonia and particularly in children, but the diplococcus has been found where no pneumonia was discovered, although some claim a central pneumonia probably existed in such cases. The germ is shortlived and these cases recover more promptly than any other. The pus is thick, viscid and greenish.

The streptococcus pyogenes occurs in about fifty per cent of cases in adults but is uncommon in children. Infection

by this germ frequently follows influenza and also septic processes in either the lungs, abdomen or even the extremities. The pleural lymphatics communicate freely with the peritoneal; and abscesses of the liver or echinococcus cysts, carcinoma or ulcer of the stomach are frequently accompanied by empyema of the pleura. The streptococcus is frequently found in lung and pleural complications of the infectious fevers.

The staphylococcus is found in pure culture only very rarely and is usually associated with other microorganisms which give the infection its characteristics, i. e., diplococcus, streptococcus or tubercle bacillus.

The tubercle bacilli are only occasionally found in the pleuritic exudate, although they may be demonstrated by inoculation experiments. The pus is thin, clear or greyish, perhaps streaked with blood and sometimes contains minute, cheesy particles. Clinically, it is the clear, "sterile" pus that may be considered tubercular.

The bacillus coli communis, bacillus pneumoniae (Loeffler's) and the leptothrix are the saprogenic microorganisms which add the odor to the effusion. A gangrenous pleurisy may result from absorption from a focus anywhere in the abdominal tract or from abscess of

the lung or as a result of phthisis.

I have gone into the bacteriology so thoroughly, because, while the treatment in a word is free, thorough drainage (as in any other collection of pus) the details of management of the different types of cases differ, as I will show in the cases I report below. It is important that the drainage be maintained until the pleura recovers its normal condition.

#### DIAGNOSIS.

The diagnosis made by physical findings must always be confirmed by exploratory puncture which may best be performed painlessly under local anesthesia. I use a large, three-inch aspirating needle in preference to the ordinary hypodermic needle because it is longer, stronger, and has a larger caliber. If fluid is found it should be aspirated. If purulent, I aspirate just the same and try to remove a large part of the fluid and prepare for the operation twelve to twenty-four hours later, according to the conditions of each case. This exploratory puncture and aspiration has practically no directly curative value, but it relieves the embarrassment of the heart and lung and the patient enjoys a temporary relief which enables him to withstand the operation better on the morrow.

#### OPERATION.

In the operating room, the patient is placed with the affected side well over the edge of the table and supported on sandbags, care being exercised not to roll the patient over too far and thus cripple the respiratory movements of the sound side. The arm of the diseased side is supported at right angles from the body by an assistant who stands at

the patient's shoulder alongside the anesthetist. The arm must at no time be drawn across the chest or held above the head as that slides the skin forward or upward and leaves a button-hole wound which of course interferes with the after-drainage.

In my early cases, I used general anesthesia; but finding it unnecessary, I now use cocaine infiltration. The details of this procedure are doubtless familiar to all and need no repetition here. After the skin is thoroughly anesthetized we need no more cocaine except perhaps in the periosteum of the rib. An incision one and one-half inches long in the seventh interspace in the mid-axillary line and parallel with the ribs exposes the eighth rib for about one inch. The periosteum is then scraped back with a raspator, and in removing the periosteum from the lower side of the rib the vessels are pushed out of the groove and away. The raspator is then forced under the rib and the posterior periosteum separated. The denuded bone is now cut away with bone scissors and any hemorrhage arrested. The pleura is then opened transversely with a knife and a pair of 8-inch clamps quickly passed through the incision and the blades then opened, thus stretching and tearing the wound widely. The contained pus now escapes freely and unless aspiration has been performed previously it is often necessary to close the wound temporarily with a plug of gauze, that the tension on the viscera may be altered more slowly, as otherwise syncope might occur.

A large drainage-tube should now be introduced and fastened externally (by a large safety-pin transfixing the

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**Ophthalmia:** The tarsal form is said to do especially well on delphinine, with correct diet and bowels flushed.

**Ophthalmia:** It is useless to treat such cases locally or constitutionally if the bowels and blood are poisonous.

tube, or by a suture to the skin) to prevent its being sucked in and causing a permanent fistula. A large combination dressing covers the whole field, absorbs the free discharges and prevents possible outside infection. The whole is retained by a wide body-binder. The discharge is very profuse for the first couple of days and the dressings must be changed every few hours. After this time, one dressing a day is usually sufficient. I never irrigate these pleural cavities because irrigation at the time of operation carries quite an element of danger; several deaths having been recorded as due to flushing. Later the drainage is sufficient and irrigation is of no value.

#### AFTER-TREATMENT.

The tube should be left *in situ* until practically all discharge has ceased or until it is serous in character. In some cases this means three or four weeks, but in cases that have existed for some time and also depending upon the infecting microorganism, the tube may be needed as many months. In 110 cases reported by Runeberg and Borivert it averaged about seven weeks.

CASE I. Baby T., a child of six years, had gone through a severe course of right-sided pneumonia which subsided critically, but three days later the child had a chill and rise of temperature. When I saw the child she was dyspneic, struggling for air and had a temperature of 102.6° F., per rectum. Physical signs indicated empyema and aspiration showed thick green pus, but as the needle plugged up, very little was withdrawn. The chest was opened, as outlined above, and the pus rolled out like thick cream. Microscopical examination showed dip-

lococci. A voluminous dressing was applied and the child put to bed. The dressings were not changed until the next day and by that time the clothing and bed were soaked with the discharge, but the patient was quite comfortable. The temperature rapidly fell to normal, the child rallied and in a week was quite playful. In about three weeks the tube was removed and in another two weeks the wound had entirely closed. Two years later the child died of diphtheria but at no time suffered any lung trouble.

This case was quite exceptional in such a prompt recovery. When the streptococci or staphylococci invade the effusion or the disease has existed for some time, convalescence is protracted and the drainage tube is needed much longer. It often becomes a troublesome matter to retain the tube in the wound and if it remains out for a day it cannot be replaced. I have therefore taken the flanged drainage-tube and instead of fastening the flange externally to the skin by straps, I clip off the flange on two sides of the tube and pass this end inside of the chest. The tube is now cut off a fourth of an inch outside of the chest and fastened with a large safety pin to prevent its being sucked into the pleural cavity. The patient may now be given his liberty and a nurse or his family may change the dressing without danger of disturbing the drainage. To remove the tube, I pass an 8 inch clamp to the base of the wound one blade inside the tube, the other outside, and grasp the tube. Then by slow steady traction the tube is easily withdrawn; the small end flanges easily straighten out and come through the constricted opening. The first few

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Ophthalmia: In acute forms, give mercury biniodide, gr. 1-20; iodoform, gr. 1-2; ars. iod. gr. 1-67; phytolaccin gr. 1-2, q. i. d.

Opium Habit: Capsicin relieves sinking at epigastrium, stimulates stomach, nerves, brain and rouses vitality.



tubes I used were inserted without trimming the flanges and although they remained in position well enough, I had trouble in getting them out. The following case carried a tube ten weeks.

**CASE II.** Mr. R., a blacksmith, aged twenty-eight years, was first seen June 26, 1903. His father died of consumption, his mother and the rest of the family are well. During the preceding February, Mr. R. had a left-sided pneumonia and later, empyema. He had not been able to get out of the house since the onset of the pneumonia, and did not know when the empyema began. Breathing was restricted and difficult and the heart beats tumultuous. He did not complain of pain. On June 27, I resected the rib and opened the chest and a large amount of foul pus exuded. A drainage tube was inserted, flange inside. Laboratory examination showed tubercle bacilli and streptococci. On July 16 he left the hospital but the drainage tube was not removed until about the middle of September. The wound closed in a short time after the tube was removed and he is now working at horseshoeing and is in excellent health.

Occasionally a pyogenic membrane will cover the diseased pleura and prevent further healing, as in the following case:

**CASE III.** A. H., a boy of nine years, had pneumonia two years ago and then again last spring, and empyema followed. June 6, I aspirated two quarts of very foul pus. June 7 I resected the rib and considerable pus escaped. The discharge was so offensive that one of the nurses was nauseated and it was about as bad as anything I have ever met. Flakes of pus and fibrin floated out. The tube

was removed about September 1, but as soon as the opening narrowed the temperature began to rise and the appetite to fail. I saw him again on October 4 and the next day reopened the wound.



Empyema.—Showing Fistula.

A cavity about the size of a plum was found which contained pus and was lined with a thick, gray membrane. The whole cavity was washed out with iodine solution and packed with iodoform gauze each day for about a week. After that plain gauze was used. The gray, dead look has disappeared and granulations are now filling it up. The case is still under treatment but is rapidly improving.\*

#### SEQUELAE.

Occasionally, a sinus will persist long after the tube has been removed and is usually due to the opening not draining

\*Since writing this paper, the wound in Case III. has healed, but the accompanying photograph shows the deformity of the left side of the chest. The respirations have lessened in frequency, and the boy feels good. His weight is increasing at the rate of one and a half pounds per week.

**Opium Habit:** For nervous debility, relaxation, give brucine, hydrastine or berberine, separately or together.

**Opium Habit:** Nausea may be relieved by cerium oxalate, but best purge with calomel, followed by salines repeatedly.

the bottom of the cavity, but I have never had this happen since I used the flanged tube.

Necrosis of the rib, abscess of the lung or chest-wall, or the continued presence of a cavity between the two layers of the pleura because either the lung does not expand or the chest does not fall in enough, are all conditions requiring further thoracoplastic operations.

These few cases show in a measure the application of the treatment of em-

pyema by drainage. While I have outlined a stereotyped treatment I think the cases show that each case calls for considerable originality of technic on the part of the surgeon and they all impress the point that many lives may be saved and the convalescence always shortened by early and thorough drainage, together with whatever constitutional treatment is indicated.

Chicago, Illinois.

## WHY DO WOMEN DIE OF CANCER OF THE UTERUS?

ANSWER BASED UPON AN EXPERIENCE OF MORE THAN 500 VAGINAL HYSTERECTOMIES.

BY EMORY LANPHEAR, M. D., PH.D., LL.D.

Formerly Professor of Operative Surgery in the Kansas City Medical College and Professor of Surgery in the St. Louis College of Physicians and Surgeons.

**T**HERE are certain principles, certain truths, in medicine and surgery which cannot be repeated too often. One of these is that *cancer of the uterus is a curable disease*. It is important that this be told again and again for the reasons that many doctors have not yet learned its truth, and that practically all have been neglectful in impressing upon their patients the fact that any "*showing*" of blood after cessation of menstruation is a symptom demanding the most careful examination: not internal use of ergot, adrenalin, etc., but thorough inspection of cervix and palpation of uterus.

Why do so many patients die of cancer of the uterus?

1. Because women neglect consulting the family doctor until it is too late for cure.

2. Because many doctors do not ex-

amine patients who complain of suspicious symptoms, do not recognize the disease in its early stages or for some reason hesitate to tell the patients the true character of the disease.

3. Because some physicians do not as yet believe any operation is curative of carcinoma uteri.

4. Because improper treatment is adopted.

Of the first I can only say: It is the duty of every doctor to repeatedly inform every patient approaching the climacteric that any bleeding after the menopause, or any excessive bleeding at the change of life, is an indication of serious trouble and demands careful examination by the family physician.

Concerning the second, I can only repeat that which I have so often declared: The average doctor is too busy, too careless or too indifferent to the welfare

**Opium Habit:** Nearly all the suffering from withdrawal comes from fecal auto-toxemia if not purely autosuggestive.

**Opium Habit:** Cocaine gives apparent relief at first, but surely adds a more disastrous habit to the first one.

of his patient to make a thorough pelvic examination for the cause of what seems to him to be a trifling loss of blood. For years I (and many others) have been shouting: that when pain becomes a prominent symptom, when the patient suffers from free hemorrhages and foul discharges, it is too late for curative measures; and especially that the slightest show of blood from the vagina of a woman past the menopause is a strong indication of cancer—yet every year thousands of doctors ignore the assertion and prescribe internal “remedies” (!) instead of insisting upon instant examination. A suspicious point of induration, a point which bleeds on touch, an ugly ulcer—each demands microscopic examination or examination by an expert gynecologist.

Why will doctors not learn the lesson? It is a strange thing that physicians who will call a surgeon within a few hours in a case of appendicitis will let a patient with cancer drift along until too late! Once more I want to repeat: *The only salvation in cancer of the uterus is in early recognition and extirpation.* But worse than this carelessness about proper examination is the timidity (if nothing worse) which makes doctors refrain from telling patients of their suspicions. I often get letters from doctors saying, “For months I have been suspicious of this disease but did not want to alarm the patient!” And that in a disease where weeks alone may separate life and death! It is terrible when one looks at it in cold type. But the plain facts cannot be put too strongly.

Relative to the third I can emphatically state: *Cancer of the uterus is curable*—by early vaginal hysterectomy; an

operation almost free from danger in skilled hands. My reason for this positive declaration is embraced within the following:

In a paper read before the Mississippi Valley Medical Association some years ago I submitted a report of several thousands of cases operated upon by my acquaintances, showing 291 absolute cures: i. e., patients who had lived five years or more after vaginal hysterectomy for cancer of cervix or body of the uterus—the diagnosis being verified by microscopic examination in all but 5 cases. Of these *cures* my own records at that time showed 28 cases in 362 vaginal hysterectomies. Since the publication of that report I have been able to trace more than forty of my own patients who have lived more than 5 years after vaginal hysterectomy and more than 60 who have lived longer than three years; in an experience covering more than 500 vaginal hysterectomies. In the face of figures such as these, can anyone for a moment doubt that we can cure this terrible disease? The only requisites are early recognition and careful operation.

As to the fourth proposition: Amputation of the cervix, burning with cauter, application of the x-ray and other measures, in any case suitable for vaginal hysterectomy, are only to be condemned; they are to be reserved for cases too far advanced for radical operation. Concerning abdominal hysterectomy for this disease I can only say: it is my observation and experience that any case so bad as to demand suprapubic incision is too far advanced for hope of cure and therefore should be subjected only to palliative measures.

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Opium Habit: Gelseminine for hot head, bright eye, restlessness, fever, motor excitement; don't overdose with it.

Opium Habit: For wandering pains and motor restlessness purge and give cicutine hydrobromide carefully dosed.

Finally, whenever the uterus is fixed in the pelvis, whenever the bladder, rectum or vagina is involved, whenever there is "cachexia" and whenever the woman has been seriously weakened by

hemorrhages, radical operation is rarely justifiable.

But—the disease *ought* never to be allowed to go so far without recognition. St. Louis, Missouri.

## SOME OF THE COMPLICATIONS OF APPENDICITIS.

BY H. C. CROWELL, M. D.

Formerly Professor of Gynecology in the University Medical College of Kansas City.

**A**PPENDICITIS may be one of the most simple or the most complicated of abdominal lesions, surgically considered. Recurring and early cases are not often attended by serious complications. There are, however, a certain per cent of cases presenting complicating features that cause us much anxiety, not to say doubt and uncertainty as to their exact significance, and are well worth our careful consideration.

First, among the common symptoms, quite universal, and to be expected, may be mentioned vomiting. Following anesthesia, vomiting is quite frequent, and if dependent upon the anesthesia alone is unimportant, but it may be a symptom of grave significance. When associated with increased pulse-rate, elevation of temperature, tympanites and severe intermittent pains in the abdomen, it may mean peritonitis. If excessive, with severe intermitting pains and a falling pulse-rate, with slight elevation of temperature, it suggests intestinal obstruction.

In these latter cases we soon should have the fecal odor attending the vomit. If due to any cause interfering with the proper peristalsis of the intestines, not a general peritonitis, there is less abdominal tenderness. The pain is paroxysmal and, while referred to a certain

area, does not serve in locating the point of obstruction.

The expression of the patient is, usually, that of one in excruciating pain. The peristaltic wave of the intestines beneath the abdominal wall may be observed in these patients. If the obstruction is partial, fluids and gas may pass through with a gurgling sound. If the paroxysms are severe the patient is prostrated and covered with perspiration.

No movement of the bowels can be secured, by any means, except from the lower bowel below the obstruction from possibly the first washing.

Realizing the powerlessness of medicine and the inevitable result in these cases it is apparent how important it is to make an early diagnosis, knowing as we do, that if unrelieved these cases nearly all die in five or six days. It is well said, that "Ileus must not be confounded with an aggravated tympanites which often gives rise to symptoms like those of intestinal strangulation." In these cases the abdomen is swollen and tender and the bowels at first resist all efforts to empty themselves, whether the attempt is made by the mouth or by enema; and there may be a too persistent nausea and vomiting.

If to this picture we add the intestinal spasm and pain, we have that of *ileus*,

**Opium Habit:** One of the best agents to sustain the heart is sparteine, best given hypodermically, up to gr. ij.

**Opium Habit:** Sudden synope when reduction is too fast may be best met by glonoin and brucine given together.

with but little doubt. To make the picture complete, admitting of no mistake, we should have added to the tympany and abdominal pain the characteristic facial expression of ileus.

In some of these cases, with all of the symptoms mentioned save the last, persistent efforts are attended with success and a bowel movement is secured. Until this result is obtained even the wisest may be deceived. It is not always easy to say whether we have an ileus or a peritonitis to deal with, as we may have both at the same time.

In ileus, uncomplicated, there should be but slight elevation of temperature, while in peritonitis there is usually some fever. In peritonitis the pain is not local but more diffuse, and it is not paroxysmal to the same degree. The vomiting is more continuous, and the pain is a result of the vomiting and not independent of it. The prognosis, which is always bad, is modified by an early diagnosis and early radical measures.

The peritonitis which we here consider has a septic origin and, it must be borne in mind, does not usually manifest itself until the germs have had time to multiply and excite reaction on the part of the peritoneum. This reaction on the part of the peritoneum is manifested by gaseous distension causing a tympany like that of an ileus. The pain is constant, with moderate paroxysms occurring every few minutes. In peritonitis the face is pinched and drawn, the eyes are hollow, and the expression anxious. The skin is often dusky and the forehead is bedewed with sweat. Vomiting, an early and persistent symptom, is less in quantity than in ileus and not as likely to be stercoraceous. The abdominal ten-

derness is greater and increases. The thirst in either case is excessive. The symptoms of septic peritonitis appear on the second or third day, and may run a course of three to five days, about the same time as a well-marked ileus.

The common causes of acute obstruction are strangulation by bands or through apertures, volvulus, intussusception, stricture, foreign bodies inside the bowel, compression from outside tumors; differing, I assume, from an ileus in which we have but a small part of the bowel, fixed to some immobile point, and not so complete an obstruction, yet giving modified and less pronounced symptoms, symptoms, as we have seen, almost identical with those of peritonitis; hence the difficulty in arriving at a differential diagnosis.

The principal feature of diagnosis, in acute obstruction from the causes mentioned, is its sudden onset which is not the case with ileus which may come on more gradually and is less pronounced; "collapse, always marked, often alarming, attends every case of acute obstruction." "Diagnosis from other diseases is not often difficult." "Acute peritonitis may be mistaken for intestinal obstruction." "The temperature is no guide."

"In a marked case of intestinal obstruction I doubt if the separate diagnosis of peritonitis is ever possible." "From the pathological standpoint, it is easy enough to be definite; but not so from the diagnostic." "We are too seldom certain of the diagnosis, to be always dogmatic as to the treatment."—Greig Smith.

Kansas City, Missouri.

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Nowadays, if a man wakes in the

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**Opium Habit:** The best remedy for insomnia is hyoscine hydrobromide, gr. 1-100 at bedtime hypodermically.

**Opium Habit:** Zinc oxide and valerianate are useful to quiet stomach and nerves and induce sleep; a grain each.

morning with pain in the belly, he is in imminent danger of ending the day (if not his days) on the operating table. The physician should know more about

the disease; we are therefore under obligations to Dr. Crowell for this fine paper. We ought to know more about the complications of appendicitis.—Ed.

## ASEPTIC DRESSING OF THE UMBILICAL CORD.

BY JOHN C. MURPHY, M. D.

Professor of Obstetrics in the St. Louis College of Physicians and Surgeons.

**D**R. C. A. BUTTON, of Holland, N. Y., propounds a series of interesting questions concerning the dressing of the umbilical cord, which deserve careful consideration; the more so because many practitioners regard the matter as of minor significance and are apt to leave the dressing entirely in the hands of the nurse or a neighbor-woman who volunteers to dress the baby.

**QUESTION I.** In this question Dr. Button embodies the following: "In theory the necessity for aseptic dressing of the wound, after the umbilical cord separates, is probably universal and unquestioned. Many tie, cut and dress the cord in an aseptic manner, and many do not; some do a part of the work aseptically and the rest otherwise. Stripping off the jelly of Wharton is doubtless a good practice too little followed. Are the three elements necessary to decomposition, bacteria, heat and moisture, always all present in the cord, and which is the greater factor in its separation: Necrosis from lack of nourishment due to the change in circulation, or decomposition due to external influences?"

**ANSWER.** Decomposition is not always necessary for separation of the cord. At the time of birth the umbilicus and the cord are sterile so far as pathogenic bacteria are concerned, if not contaminated by (a) the bed (b) the hands

of doctor or nurse, or (c) the instruments or cord used in separating the child from the placenta; if a perfectly aseptic dressing be instantly applied and maintained for several days there will be no infection, no decomposition—the remnant of cord will simply dry up and drop off by what is termed in surgery an "aseptic slough." This is the ideal method. In most instances, however, from either imperfect first dressing or infection by nurse during the process of bathing, bacteria of decomposition find entrance and the process becomes one of "infected slough" or necrosis.

**QUESTION II.** "Is an aseptic first dressing an advantage or a disadvantage?"

**ANSWER.** If properly done it is the ideal manner of treating the cord. Without doubt all cases of tetanus neonatorum depend upon introduction of the germ through imperfect dressing of the navel. A piece of twine not sterilized ("any old string will do" says the average midwife) used for tying the cord, dirty shears for cutting it, or unclean cloth for wrapping it, may each be the cause of death. The old practice of "burning the hole"—instead of cutting it—in a clean piece of old linen for the first dressing was an empiric but good way of preparing a sterile envelope for the cord, because fire is the best sterilizer we have.

**Opium Habit:** It is never hard to persuade the patient that some other time is better in which to stop his drug.

**Toothache:** A granule of aconitine crushed and inserted in the cavity is quite effective when nerve is exposed.

QUESTION III. "If an aseptic dressing is applied should the cord and surrounding area be sterile?"

ANSWER. As already mentioned, at the moment of birth the child and the cord are sterile (except under certain extraordinary circumstances, as abscess of the vulva, etc.) and if the dressing be done at once there is no need of "sterilizing" contiguous parts; washing the region of the navel with a little soap and water with sterile cloth and application of the sterile dressing is all that is necessary after clean removal of the babe.

QUESTION IV. "If not dressed in an aseptic manner, is there any advantage in sterilizing the string used to tie and

the instrument to cut the cord?"

ANSWER. There is indeed the most urgent necessity for using aseptic string and instrument. The string is probably the most frequent source of infection, as it is most easily contaminated; and if there be an abrasion of the skin or (possibly) a tear in the tender outer structures of the cord, infection may take place, serious in character.

QUESTION V. "Is there any good and scientific reason why the cord should be placed on the left side?"

ANSWER. Practically it matters little where the cord is placed so it be enclosed in a sterile dressing.

St. Louis, Missouri.

## ENDOMETRITIS.

BY CURRAN POPE, M. D.

Professor Physiological Therapeutics in Kentucky School of Medicine; Medical Superintendent of the Pope Sanatorium, Louisville, Ky.

### III.

#### CHRONIC ENDOMETRITIS.

THE author is fully aware of the contentions that are now being made as to whether we have to deal with an "inflammation" in chronic endometritis. The facts are at present unsettled and until sufficient data has been brought to bear to render the question positive I shall still adhere to the time-honored belief that we may have a chronic inflammation of the endometrium without diagnostic evidence of the involvement of the parenchyma of the uterus.

The symptomatology of chronic endometritis, as usually stated by the patient, constitutes a somewhat obscure con-

dition that can never really be cleared up without local examination, and the frequency of its occurrence and the obscurity of some of its symptoms justify us in an examination, when otherwise we should reasonably forbear. It is astounding sometimes to see the different ways in which endometritis will affect different women. Some cases, especially those of high-strung, sensitive and neurotic dispositions, will suffer intensely from the classic symptoms, while others will continue to bear with an equanimity remarkable to behold, a surprising amount of disease that is only revealed by actual manual and visual diagnosis.

Toothache: Gelseminine, a granule every half hour till relief, is useful for cases due to catching cold.

Toothache: An attack may be broken by taking a hot footbath and a sweat with pilocarpine, gr. 1-6, hypo or in hot water.

The author's explanation of this is to be found in the nervous system of each individual, for while the sensitive organism responds more acutely, those of stronger "nerve" bear the disease better. Constant and accumulating experience however, has taught me that very frequently endometritis may be the starting point for a long state of chronic ill-health and semi-invalidism which is oftentimes medicated under misleading diagnosis and euphonious titles. It complicates many general states and often requires local treatment of itself, in addition to general treatment for the general condition. When women come complaining, the symptoms we are most likely to find are those of an increased leucorrhea, a weak, tired back, with sometimes local pains.

Pozzi has so simply and clearly laid down the symptoms of chronic endometritis that the author will adhere to his syndrome, which consists of the following:

1. Pain; Local, Transferred, and Reflex.
2. Leucorrhea.
3. Dysmenorrhea.
4. Uterine Hemorrhage.
5. Symptoms in Neighboring Organs.
6. Symptoms in Distant Organs.

*Pain.*—Pain may be both local, reflex, and transferred. Local pains are usually described as existing in the lower part of the abdomen over the pubes, sometimes extending to both sides; others complain in addition of an aching in the pelvic bones, and vagina. The pain is usually described as a sore, raw, dead, dull pain, more or less constant, aggravated by standing, much walking,

physical overstrain of any kind, especially lifting. In addition, sudden cramping and cutting pains are superadded, this being supposed to be produced by contractions of the uterus in its endeavor to expel the uterine discharges. In addition to the pain there is usually a sense of weight, and discomfort in the pelvis and a feeling as though the uterus were lying low and pressing upon the vaginal canal. True reflex pain is usually felt in the sacral and lower lumbar regions. It varies in intensity, duration and exacerbation. The pains may be limited to a small part of the sacral region on either side of the spinal column; it may extend entirely across the back and involve the entire lower lumbar and sacral regions; it may extend up the spine and into the coccyx or even down the sciatic nerve. The author has noticed a patch-pain that is found on the inner side of the thigh that is very frequently associated with this condition. In addition to actual reflex pain, patients usually complain of very weak backs, and in fact backache of every shade and variety is to be found. The backache is as a rule dull, heavy, and oppressive with frequent or occasional pains of a sharp, intense character, intermittent but pressing. Of the increase of pain during menstruation, we will speak later.

*Leucorrhea.*—The kind, character, and persistence of uterine discharges demands our most careful and thoughtful consideration. Leucorrhea is most distressing to the majority of women, a true discomfort, and to those who are supersensitive or refined, it is a source of humiliation. Its inspection often gives most valuable knowledge and as it comes from "the seat of war" this should

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Toothache: Don't expect any relief if there is a nerve exposed to the saliva, but cover it with cotton and wax.

Toothache: If the above remedies do not suit you, go to the dentist and he will tell you how you could have prevented it.



not be limited to the naked eye-inspection through the speculum, or even upon the cotton, but with microscope as well. The failure to study these discharges may be truly laid at the door of the gynecological surgeon—the modern therapeutic nihilist—whose vision is limited to curettage, cervical repair, or amputation of the organ. The normal secretion is whitish, alkaline in reaction and occurs in unmarried women as a white, curdy deposit. In the glandular variety where the secretion comes from the uterus, it is thin, and when from the cervix it is thick, albuminous-like, clear, and tenacious. When it is septic it is thick and purulent or it may be liquid and creamy, practically pure pus. It may at times be precipitated by the acid secretions of the vagina as it comes from the external os, and appear as a white or greenish-white discharge. The mucus may be intermittently tinged with blood, for the endometrium is apt to bleed easily.

The white discharge may simply be an exaggeration of the normal secretion of the cervix and the woman should be asked closely as regards this for many women normally have a certain amount of leucorrheal discharge, and their opinion may be useful. In some cases of leucorrhea the discharge becomes so thick that it cannot be wiped away with a swab. Profuse leucorrhea of the thin, serous, mucopurulent, or mucoserous, character is one of the chief signs of the disease. There occurs in old women, who have long ceased to menstruate, a form of endometritis, in which a thin discharge of creamy pus is secreted, being usually accompanied by a most harassing pruritus vulvæ.

Normal uteri, save during the tumescence sexualis have no discharge and the degree of departure from absolute health is frequently indicated by the amount, character, and persistence of the discharge, for it indicates local disease and if profuse or purulent, demands local treatment and care. There is of course danger of infecting the tubes and ovaries and for this reason prompt action is demanded. While there is in the uterine tract no discharge, there is however, sufficient secretion to keep the tissues moist and anti-bacterial on the one hand, and for preserving spermatic life on the other.

*Dysmenorrhea.*—Previous to the commencement of menstruation the reflex pains are greatly increased and a sense of weight, discomfort and burning usually experienced in the pelvis; the general systemic and nervous condition becomes worse. Painful menstruation is a most frequent accompaniment of endometritis, the pain of which is usually suprapubic, intermittent, and colicky in character. It is worse during the first two days of the period, though in many cases it lasts all through and for several days after cessation of the flow. Soreness, and usually tenderness, accompany the period. When the membrane is exfoliated, the uterine contractions are frequent, excessively painful, and last until the membrane is expelled.

In one instance that has come under my personal observation, the patient had to prepare for each period as for a delivery, arranging her household matters and having a doctor with her from six to twelve hours, during which time morphine was invariably used in large quantities with the result that the mor-

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For beginnings of ophthalmia purge smartly with calomel and jalapin followed by saline laxative to full flushing.

The surgeon has learned that for him prompt interference with the processes of disease is the only price of success.—*N. E. Alk.*

phine habit was contracted. Recovery from the habit and endometritis was the result of the treatment hereinafter to be outlined.

A good many of the cases of dysmenorrhea from which young girls persistently suffer are due to endometritis. The chief cause in these cases are the wearing of tight corsets, exposure to wet and cold, chronic constipation and improper diet. Dyspareunia is often present, but as the cervix uteri is not tender, the sensitiveness is usually a sign of a parametritis or other involvements outside of the endometrium.

Sterility is a most frequent result of endometritis, whether this be produced by infection, or a previous miscarriage. The cause of the sterility is usually the absence of a suitable *habitat* for the ovum in the uterine cavity. With the increased secretion of the cervical glands the canal becomes obstructed, preventing the entrance of spermatozoa and increasing the alkalinity of the cervical secretions. Sterility is in the author's opinion, particularly likely to follow the ravages of the specific bacillus of Neisser. When these cases seek advice and health many years after marriage, complaining of barrenness with persistent symptoms of endometritis, the possibility of this infection must be kept constantly in mind. Sometimes the yearning for maternity has been the only symptom that has led to an investigation of the state of the uterus. The presence of endometritis does not however, preclude the possibility of conception, only diminishes the probability.

*Uterine Hemorrhage.* — Excessive menstrual flow or hemorrhage usually accompanies endometritis. It is brought

about by excessive congestion of the uterus and impairment of the endometrium. Usually the discharge is too profuse, lasting from several to many days beyond the normal limit. Here again, we must consider family peculiarities and hereditary traits when forming an opinion as to what constitutes a normal duration of the period. In some cases the flow recurs every two weeks and its duration may be extended several days. When hemorrhage is present it is much more frequent in the early stages, clots being passed causing intense pain. In the later stages the opposite may attend, viz., irregular and scanty menstruation and these cases are usually women who become anemic and are inclined to grow fat, reference to which has been made in a previous section.

*Neighboring Organs.* — The most frequent affection associated with this condition is irritability of the bladder causing frequent and in some instances painful urination. Where the latter occurs, it is usually due to a secondary infection of the urethra by the purulent discharges from the vagina. In the same way the irritability may be superadded to the rectum.

*Distant Organs.* — Disturbances of the *gastrointestinal tract* nearly always play a prominent part. After a certain length of time the appetite begins to fail and becomes fickle, the digestion is slow, the secretion of the stomach changes, the muscular power becoming atonic. Gaseous distention of the intestines is a common symptom, possibly due to the lack of muscular tone, lessened peristalsis, intestinal fermentation and indigestion, followed by increased accumulation of gases in the canal. Constipation is near-

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One disease common at this season of the year responds very promptly to nuclein. This is tonsillitis.—Sanborn, *N. E. Alk.*

Apomorphine is specially useful in delirium of acute alcoholism and delirium tremens; small doses only.—French, *N. E. Alk.*

ly always present, increasing the general discomfort and ill-health and by its irritating influence and pressure, causing a local increase of congestion, irritation, and inflammation. When endometritis has lasted any length of time, we will find anemia present, oftentimes marked.

*Examination of the Blood* usually shows the hemoglobin to range somewhere between 40 and 60; a leucocytosis to be present with increased number of microcytes; a few poikilocytes; the red blood corpuscles in some instances presenting under the microscope a "dirty" appearance. There is a general lack of energy and the patient tires easily.

*The nervous system* is always more or less involved in endometritis, and patients show nervous symptoms of greater or less severity through all the stages of the disease. We have refrained from speaking of the transferred pains in an-

other section, believing that they more properly belong in this. Headaches on the top or "cranial center," a dull, heavy, weighty pain, and the feeling as though a weight were pressing on the brain, together with a sensation of pain and drawing at the occiput or nape of the neck are frequent. Some complain of a most indescribable sensation between the shoulder blades. These cases are as a rule mentally depressed, easily worried, have a tendency toward sadness, weep easily, and a feeling of intense incapacity for any kind of mental work or care. They become neurasthenics and hysterics unless properly treated. Physicians are too prone in these cases to make a hasty and superficial examination of the nervous system, for it will be found that endometritis is frequently painted on a nervous background.

Louisville, Kentucky.

(To be continued.)

## SURGICAL CONSERVATISM (?)

BY F. S. LEWIS, M. D.

IN his article, "What is Surgical Conservatism," in the February CLINIC, Dr. C. P. Thomas of Spokane draws a picture of a case which is no doubt much too common. With much of his argument I agree. But was the course pursued in that case the proper one from a medical point of view? Does he not create a man of straw and then demolish it with his surgical argument? To show that he is correct in his plea for surgical interference he should present a case properly treated medically.

Here is an actual case which occurred about one year ago, and as it illustrates the difficulties of fron-

tier practice I shall give it in full:

The daughter of an old friend of mine living in Seattle, eighty-five miles east from here by the water route, was taken with severe pain in the abdomen. A physician was called, who after twenty-four hours' unsuccessful effort to relieve the symptoms more than temporarily, advised removal to the hospital and an operation as the only satisfactory and safe procedure—it being, in his estimation, a probable appendicitis. The father objected—stating that before operation was decided upon he wished the advice of myself who, unfortunately, lived eighty-five miles (and over twenty-four

Clinical results astounding. I can put any galenic prescriptionist to shame in an epidemic.—Gray, *N. E. Alk.*

I carried the defervescent alkaloidal tablet around in my bag for a year or two before I dared to use it.—Palmer, *N. E. Alk.*

hours) away. The physician consented, saying, "very well, then, get the ice-bag and pack the abdomen," etc., etc. On that day I had a call to a case of midwifery forty miles west, going by steamer. I could not return by same boat and must wait thirty hours for the next. I received the message from my friend too late to reply that night (Tuesday) but wired him Wednesday that I could not possibly reach Seattle until Thursday night and asking particulars. I reached home Thursday at 6 a. m. and found that I must call on my way to Seattle to see an important case already in my care seventeen miles east of Port Angeles. Getting through with that case, I hired a team to drive me to Port Townsend, forty miles, where I caught a boat and reached the house of my friend in Seattle at 11 p. m. to find—what? The case past help? Far from it! I found the patient nearly well, all pain gone, but little tenderness and no temperature above normal. Compresses of salt solution were substituted for the ice and instructions for rest and careful diet until all tenderness or pain on movement had disappeared. The patient was well within the week, has had no return of the trouble and was shortly afterward married and is now in the best of health.

Now it may be said that this was a mistake in diagnosis. Not necessarily. I have a record of twelve consecutive cases of appendicitis (abscess in the region of the appendix) treated with cold water compresses; morphine to the point of stopping pain and peristalsis, and starvation, without a single death.

In one case there was a recurrence caused by the patient's leaving my care before complete recovery and under-

taking a trip across the continent. A second case had abscess of the right pleural cavity which was not discovered until the appendiceal trouble had been spontaneously cured. He is still living after three years. In every one of the remaining ten cases there was complete recovery and no recurrence. In each case spontaneous evacuation of the abscess into the intestine has occurred on the tenth to the fifteenth day, followed by speedy recovery.

In view of the above facts which of these cases should have been treated surgically? With a record like the above would I be justified in changing my method? I would not wish to be understood as not using other means than those above mentioned. When pain is intense I relieve it at once with morphine and atropine with hot sinapisms, and change to cold compresses. When there are indications of infection: quinine and salol. And in all cases injection of hot (or in some cases cool) salt solution are used, and the cold compresses changed often till the temperature falls below 100° F., when they are changed about once in six hours. To be of any use they should be large, thick and as wet as they can be applied without dripping.

In closing I would suggest that there are at least three essentials to good surgery. First, to know how to operate; second, to know when to operate and third to know how to take care of the patient afterward. A mistake in either essential may mean death as surely as the operation. The cases above related tell their own story and the patients are all alive.

Port Angeles, Washington.

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Pneumonia aborted by Defervescents: In 48 hours the temp., pulse and resp. were normal, patient "hollerin" for food.—Palmer.

Nightmare: Children do well on a granule of iridin or euonymin at bedtime with very light fluid suppers.

As regards the "essentials of good surgery" we agree with Dr. Lewis; with him we believe appendicitis will often yield to medical treatment—that recom-

mended in the CLINIC, for instance. But given a chronically diseased appendix—it's best out. That's good sense as well as good surgery.—Ed.

## PREVENTION OF THE LACERATION OF THE CERVIX AND PERINEUM.

BY N. E. CHARLTON, M. D.

**I**N the early years of my practice, a minor tear of the cervix and perineum led me to the adoption of a method of conducting difficult labors which was thought would (and I now believe will) prevent the laceration of these parts; that is, to dilate before extreme tension occurs from pressure of the head in its advance.

Upon first examination of a case of labor I note carefully the condition of the cervix, its thickness, its rigidity, how much dilated, how long the pains have existed, and how severe they are. If this leads to the conclusion that the case is one of unusual rigidity, or if left to nature will require many hours to dilate, I insert one or two fingers within the cervical ring, make traction in different directions, stretching the parts when possible—forcing one finger posteriorly between the head and uterine wall, the other anteriorly in like manner. When thus separated, considerable dilating force can be used.

When the head is forcibly driven against the cervix during contraction of the uterus, the operator will be able to use his fingers as a double lever against the cervical ring, by placing the finger tips against the head as a fulcrum, the cervix being around the fingers against which force is exerted in opposite directions with occasional sweeping of the

fingers around in contact with all parts of the cervix. This procedure will, when properly done, dilate the cervix in advance of the head, and so soften the tissue that when the head passes through there will be no tear. We will now have done what Nature does in a large percentage of cases; that is, when the membranes are intact and a sufficient amniotic fluid is present to constitute a protruding bag which will dilate the cervix in advance of the head.

It is true that this manipulation will to some extent increase the woman's pains but when it is explained to her that it will greatly shorten this stage of her labor, and protect her from the danger of a cervical tear, her consent is readily given. When, however, but little force is used in the interval of the pains, sufficient only to tire out the circular fibers, but little complaint is made.

The first stage of labor completed, a similar procedure is adopted to protect the perineum when this structure is rigid, firm and thick. Before the head begins to press firmly upon this body two fingers are placed within the vagina, and firm pressure made against the perineum and vulvar outlet downward and backward, when the patient lies on her back carrying the fingers to either side—frequently using considerable force during the pains.

**Nightmare:** Children inclined to eat too heavily may be disciplined by giving a granule of emetine before meals.

**Nymphomania:** The benefit of bromides may be secured without disadvantages by the use of solanine; full doses.

As the head descends the fingers will be forced further downwards but always stretching the parts in advance of it. This will so soften and stretch the parts that when the head begins to distend the outlet, the perineum and vulva are practically free from the danger of tearing.

It will be found that if these methods are carried out intelligently, the long and tiresome cases of labor will disappear, and the tearing of the cervix or perineum will be of the most unusual occurrence. .

Our authorities usually tell us to make but few examinations during labor, to let the parts alone, and Nature will take care of them. The large number of ruptures of these structures in the hands of most excellent practitioners is no doubt due to this doctrine of non-interference, and is not at all flattering to us as a

profession. I do not believe in this.

I do not wish it to be understood that this method of conducting these cases will prove an infallible preventive to rupture, but it will certainly very greatly reduce the frequency of these unfortunate results.

I have practised it for over twenty-five years, in which time I have attended over eight hundred cases of obstetrics, and have had no occasion during this time to stitch up a torn cervix or perineum in my own cases, although I have done the operation in a number of cases in the practice of others.

In undertaking this procedure all necessary antiseptic precautions should be strictly observed. When this is done there need be no fear that the manipulation of the parts will result in any septic condition.

Clayton, New Mexico.

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## SURGICAL NOTES

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### CURE OF EXOPHTHALMIC GOITER.

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Dr. Frank Hartley, of New York, in *Annals of Surgery*, agrees with Schulz that "clinically it makes no difference whether the secretion of the gland is increased or is chemically altered as the result of changes in the blood, in the alimentary canal, or in the central nervous system; the fact remains that the removal of the growing gland does away with the symptoms, and upon the failure to remove the diseased gland depends no cure." He urges that medicinal treatment should precede surgical interference, because of the undoubted cures that have taken place. This treatment may

be combined with the use of the x-ray (Mayo) or with the administration of milk or serum from thyroidectomized goats, sheep, etc. (Lanz and Moebius). This method of treatment should not be continued too long, unless operative treatment is contraindicated, since the disease itself tends to diminish the vital resistance and to exhaust the nerve centers.

It has been his experience that the earlier the diagnosis and the operation, the easier the operation, and the less dangerous and difficult the after-treatment. He has found that the severer types derive great benefit from rest in bed for two or three weeks previous to the operation. The nervous excitation,

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Nymphomania: Lobelin, small doses repeated to sedation acts well; nicotine is too active for any but worst forms.

Nymphomania: Gelseminine is the best remedy for the full-blooded plethoric woman; give to full effect.

the tachycardia, and the muscular tremor are so much improved that operation is often undertaken under much more favorable conditions.

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#### ACUTE AORTITIS.

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Inflammation of arteries is not perhaps of so much interest to surgeons as is phlebitis, yet it is occasionally met. In a paper read before the Ft. Wayne Medical Society, Dr. W. W. Carey said that of all arteries, the aorta, particularly its arch, is the most subject to pathological changes. This is due to the fact that the first part of the aorta has no sheath, and the blood forced against the walls at each systole acts as a constant irritant to the coats at that point. There are also such predisposing diseases as rheumatism, typhoid fever, scarlet fever, smallpox, puerperal diseases, lagrippe, tuberculosis, and syphilis, which produce an alteration in the walls of the aorta. The symptoms are pain in the aortic arch, or a subternal soreness or tenderness. Dyspnea is marked and peculiar in that it continues both with inspiration and expiration. A diagnosis is seldom made, and according to Anders cannot be established with any absolute certainty. The treatment indicated is absolute rest, cold to the chest, sedatives to quiet the heart, and restriction of diet. As a rule diagnosis is made after death.

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#### MUSIC FOR CANCER.

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It has for long been known to surgeons that mental impressions have very much to do with early death from cancer; that if the patient is not unduly alarmed life may be greatly prolonged. Indeed nu-

merous cases have been reported in which cancer of the breast has been apparently arrested in its growth by that peculiar form of mental healing (suggestion) called "Christian science." But now comes Dr. Ephraim Cutter, of Boston—close by the great Conservatory of Music—and claims that the cure of certain forms of cancer has been found in music! It is indeed strange that a disease hitherto regarded as amenable only to operative treatment should be otherwise cured by a Cutter.

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#### ALUM FOR TYMPANITES.

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Gaseous distention of the colon is often distressing after abdominal operations. A good treatment consists of dissolving one ounce of alum in half a gallon of warm water and injecting with a high rectal tube.

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#### PULMONARY EMBOLISM FOLLOWING OPERATION.

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According to Dearborn, who has reviewed the work of twenty-five surgeons, thrombosis and embolism are more common after operations in the pelvis than after operations in any other part of the body. In a resume of 7,130 gynecologic operations Schenck reports forty-eight cases of thrombosis. Dr. Wilmer Krusen, of Philadelphia, has recently reported five cases, four of which ended fatally, occurring in twelve years of his gynecologic practice. The symptoms in all these cases, as nearly as could be observed, were very similar: The attack was characterized by precordial distress, severe pain and dyspnea, associated with quickened pulse; the patient has an ex-

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Nymphomania: Macroton does well with nervous, irritable, sickly women, and those with uterine congestion.

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Nymphomania: Give colchicine to the plethoric, phlegmatic, meat-eating, lazy, novel-reading class of girls.

tremely anxious expression, gasps for breath with the aid of all the auxilliary respiratory muscles, the face becomes cyanosed; cold, clammy sweat occurs; the mind remains clear, as a rule, and death occurs in a few minutes, in spite of energetic stimulation.

#### THE "ROTATION" OF SCOPOLAMINE.

Not content with forcing us to use the metric system and obliging us to abandon old-time remedies for beautiful alkaloidal preparations the therapists are

thrusting us into a new field of physics (not purgatives) wholly repugnant to one who feels like singing "Please go 'way and let me sleep." *Merck's Archives* announces that good scopolamine, such as the surgeon should depend upon, "must have an optical rotation of — 20 degrees." On the market are numerous specimens having an optical rotation as low as —2 degrees." "Only a strongly levorotatory scopolamine is capable of producing anesthesia." Back to the woods, ignorant surgeon; bring out your rotatometer.

### GYNECOLOGICAL NOTES

#### MALIGNANCY AND FIBROIDS.

After extensive investigation, Dr. T. S. Cullen, of Johns Hopkins University, estimates that about two per cent of all uterine fibroids undergo sarcomatous changes. Nearly two and a half per cent develop adenocarcinoma of the body of the uterus. One per cent will be found to be followed by cancer of the cervix. On the whole, therefore, somewhat more than five per cent of all cases of fibroma will develop malignant disease—a percentage sufficiently high to alarm those who have been wont to exclaim: Leave fibroids alone. Some fibroids may be left alone—if they do not produce any symptoms.

#### MENSTRUATION AND TUBERCULOSIS.

An important point is brought out in a recent contribution to gynecological literature, by Sabourin. He records an observation which is not only of con-

siderable scientific interest, but may prove of great practical value. In his opinion tubercular women almost without exception show a rise of temperature at the time of menstruation. He concludes that the physician should never forget this fact if he wishes to protect himself against undesirable errors.

#### CAUSES OF PROSTITUTION.

*Medical Standard* has been conducting, during several months, a "symposium" on the causes of prostitution. It has afforded many writers a chance to "spread themselves;" but little has been added to our knowledge of the subject. In fact the whole subject may be condensed into a dozen lines. So far as the woman is concerned they are as follows: (1) The chief cause is the desire of women for "finery" to be obtained by the least possible exertion: laziness coupled with the craving for fine dresses and jewels. (2) The second

Nymphomania: For cases of medium severity delphinine would be an excellent selection; given to full effect.

Nymphomania: A full hypnotic dose of hyoscine hydrobromide at bedtime is well suited to this affection.



great cause is lack of education; nine-tenths of all American prostitutes can scarcely read or write. (3) Inherited degeneracy; a large proportion of whores comes of illiterate, drunken, depraved or (especially) neurotic parentage. (4) Sexual perverts; a smallish proportion. (5) Seduced girls who are driven to a life of shame by (a) desertion; (b) poverty; (c) want of home, or (d) natural depraved tendency.

#### AN OINTMENT FOR PRURITUS VULVAE.

The following combination is highly recommended by Beall as having good results when all other means had failed:

℞ Menthol ..... 0.5 (gr. viii)  
 Quinin. sulph .... 1.5 (gr. xx)  
 Ac. carbolicus ..... 1.7 (gr. xxiv)  
 Ungt. hydrarg. nit. 4 (dr. i)  
 Ichthyol ..... 10 (dr. iiss)  
 Lanolini ..... 24 (dr. vi)  
 Ol. ricini ..... 40 (dr. x)

M. et ft. ungt. Sig. Apply freely after washing the parts with hot water.

#### OBSTETRICAL RETREATS.

There are a few obstetrical houses or hospitals or retreats in every great city to which "unfortunate" pregnant girls are admitted, cared for properly and put upon the road to reacquired respectability. But—the majority of the places (particularly those advertised in the daily press) are veritable hell-holes; dens of iniquity. To those who are familiar with the expenses of a properly-conducted lying-in hospital it has often been a source of wonder how the advertised homes can admit girls as low as \$3 a week ("for some"). The proprie-

toress of one of the most notorious places in St. Louis recently explained: She has a "double house"—on one side (where the maternity sign is) she conducts her "sanitarium;" on the other side of the wall she has a house with "furnished rooms" for gentlemen. She persuades the pretty country girl to share her room with the gentlemen lodgers, and pockets the proceeds!

#### NOTE ON PERINEORRHAPHY.

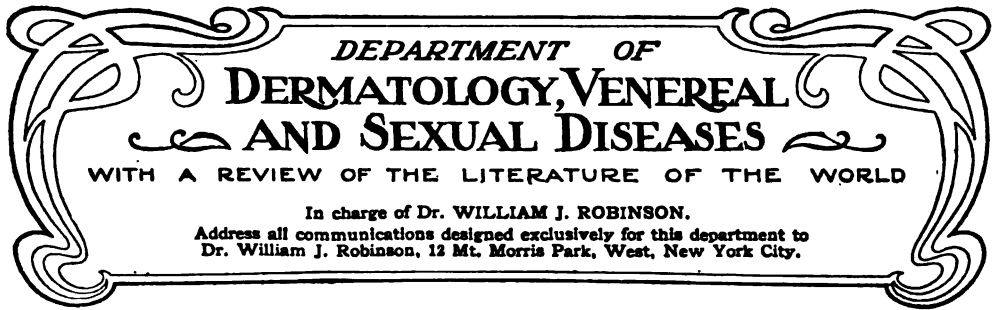
When sewing up a lacerated perineum (particularly in a secondary operation) the surgeon should never forget that the prime object is not to secure union of skin or mucous membrane but to obtain perfect and permanent apposition of the muscles which make up the normal perineal floor. The retracted muscles may be caught on either side by hemostatic forceps and strongly pulled well beyond the median line when the deep stitches are inserted; thus, when the sutures are tied, they will be brought into about their natural position.

#### WANDERING RETROPERITONEAL TUMORS.

Dr. I. S. Stone, of Washington, in *American Journal of Surgery*, February, again calls attention to the fact that a subserous fibroid tumor of the uterus may become detached and wander away from its original site of growth, becoming a "wandering," parasitic or aberrant" tumor. He reports two cases from his own practice, in one of which decided constitutional symptoms arose from pressure.

Nymphomania: Begin by carefully examining for local irritations—worms, retained smegma, adherent prepuce, etc.

Nymphomania: Examine the urine and see if sugar or acid renders it irritating; or vaginal discharges.



## THE TREATMENT OF PROSTATIC HYPERTROPHY.

**F**EW men speak with greater authority and are listened to with greater respect than Prof. Oberlander, when he speaks on genitourinary diseases. The venerable author asserts, that there is but seldom an urgent necessity for surgical interference in prostatic hypertrophy which interference makes always great demands on the patient's vitality. Catheterism and irrigations of the bladder must remain our chief means in the treatment.

In the first stage, expressing itself in diminished vesical power and difficulty in urination, great care must be taken to remove and prevent any possible cause of congestion; no straining at stool must be permitted (mild laxatives), the amount of liquids must be limited, and the patient must take great care not to get wet or catch cold. Iodine and ichthyol are beneficial, and the patient should use them in the form of suppositories, or of small enemas; he should also take warm sitz baths, to which some chamomile flowers may be added. If the patient had a gonorrhea and has shreds in the urine, bougies and urethral irrigations with boric acid, potassium permanganate or some silver salt should be used. If the prostate is tender, it should be massaged once or twice a week, this being followed by a warm sitz bath or by the use of a rectal, hot water-tube.

The second stage, in which the vesical

power is progressively diminishing, and there is often incomplete retention, excessive and painful desire to urinate and polyuria, gradually passes into the third stage, in which the retention is complete, with the resulting symptoms of urinary poisoning. In both these stages catheterism is the most important method of treatment, acting not only symptomatically, but often exerting a direct curative influence. Of course the catheter must be carefully selected for each case. As a lubricant the author recommends the following:

Hydrargyri oxycyanidi.	0.25 (4 grs.)
Glycerini .....	20.0 (5 drs.)
Tragacanthæ .....	3.0 (48 grs.)
Aquæ distillatæ .....	100.0 (3 1-3 oz.)

It goes without saying that the highest asepsis must be enjoined. Before catheterizing, the bladder should be washed out with a 2 1-2 per cent warm boric acid solution. The irrigation is necessary, not only for the bladder, but as a prophylactic against the inflammation spreading to the ureters and kidneys. If catheterism is difficult or impossible on account of spasm or pain, it should be preceded by injections of cocaine, eucain, adrenalin, in the worst case by an hypodermic of morphine. In hemorrhage, the prostatic portion should be thoroughly irrigated and the blood coagula removed. Adrenalin and subcutaneous injections of gelatin are efficient

hemostatics. If the hemorrhages are frequently repeated, the cause must be ascertained by the aid of the cystoscope.

### SYPHILIS IN THE THIRD GENERATION.

Everybody knows of and believes in hereditary syphilis, in syphilis in the second generation. But syphilis in the *third* generation has been given very little thought and study. Dr. R. W. Taylor (*N. Y. M. J.*, Feb. 3) reviews the few reported cases and reports some cases of his own, which seem to show that this third infection, i. e., infection in the third generation, is an established fact. We will present here only two cases in condensed form:

CASE I. A woman was infected with syphilis in 1869, had secondary and tertiary lesions of great severity, being negligent of her treatment. In 1872 she gave birth to a girl which presented classical hereditary syphilitic symptoms: typical snuffles, roseola, mucous patches of the mouth and genitals and typical syphilitic pemphigus of palms and soles. She grew up apparently healthy and strong, was never affected with acquired syphilis and married a perfectly healthy man, well-known to the author. In two years she gave birth to a baby girl which was miserably weak, atrophic, marasmic, with very little strength and vitality. At birth she gave no evidence of hereditary syphilis, but when five years old she developed true dystrophic symptoms: Hutchinson's teeth, ear troubles, keratitis, swellings in the bones, and later on unmistakable evidence of a virulent form of late syphilitic infection, namely, gummatous tumors and ulcers.

Nymphomania: Empty the bowels with a morning saline and an evening cholagog; regulate diet and all habits.

CASE II. A syphilitic man married a healthy girl, who became infected two years later, coincidently with the development of pregnancy. She gave birth to a boy who soon showed all the stigmata of inherited syphilis. He was never infected with acquired syphilis and married a healthy girl. Three years later his wife gave birth to a thin, weakly girl, with the appearance of infantilism, who developed, at four years of age, many dystrophic symptoms of the bones and joints, which symptoms *were promptly cured* by active antisiphilitic treatment, namely inunctions of mercurial ointment and liberal doses of potassium iodide.

Aren't many obscure cases of maldevelopment in children to be accounted for by specific diseases in the forefathers? The subject is an interesting one and well worthy of careful study.

### CONSERVATIVE TREATMENT OF URETHRAL STRICTURES.

Dr. G. Morgan Muren (*Med. Record*, March 17, 1906) believes that the cutting of a stricture is seldom indicated and advocates gradual dilation in the greatest majority of cases. His main objections to cutting operations are the following: (1) Several weeks detention from business. (2) The fact that after the operation the patient has to be treated for a year or more, in practically the same manner as if the operation had not been performed and his stricture had been gradually dilated. (3) The mortality rate, which though a disputed point, the author believes to be at least five per cent in both internal and external urethrotomies [three per cent is, in our opinion, more correct.—W. J.

Nymphomania: Salicin pushed to full tolerance restrains the sexual appetite more safely than bromides.

R.]. He quotes with approval White's statement regarding mortality from internal urethrotomy, who says that the practitioner who decides to cut a stricture anterior to the bulbomembranous juncture must do so with the full knowledge that there are at the very least two chances in a hundred of losing his patient.

While the paper presents nothing new, it is timely, in view of the teaching and activity of some overzealous genitourinary surgeons.

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#### WHICH IS THE CAUSE: SYPHILIS OR MERCURY?

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Dr. O. L. Wolters (abs. *J. A. M. A.*) brings up the question of the cause of paralytic dementia and tabes. Instead of syphilis being the cause, as is usually believed, he holds that it is the mercury that is the *causa peccans*. He says that there are important reasons for the belief that syphilis plays a minor role in the etiology of sclerosis of the brain and cord. Although the negro is very prone to contract syphilis, paresis and posterior spinal sclerosis are seen rarely in the colored race. The average negro most frequently receives no treatment for lues, and the most severe secondary and tertiary lesions are found in the colored man. Having become a syphilitic, he allows the disease to run a typical course without interference. If he does take mercury, it is with no system; it is taken irregularly and for no prolonged period of time. Yet, in spite of all this, he does not become the victim of paresis and tabes.

On the other hand, the man of brains, the professional man, falls a ready vic-

tim to paresis. The requisites of thorough anti-syphilitic treatment are brains and money, and, since these are the essentials in obtaining the treatment, Wolter believes that there is the reason why paretics and tabetics are usually individuals of prominence. Wolter also discusses the reasons why paresis takes a long time to develop; how mercury may produce the pathologic changes found in paresis and tabes, and the fact that anti-syphilitic treatment does no good, but actually does harm, pointing out always that the syphilitic etiology of the diseases under discussion appears questionable.

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#### ETHYL CHLORIDE IN HERPES ZOSTER.

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Dr. Vergely (*Rev. de Med. y Cirurgia Practicas*, Nov., 1905) publishes the case of a young woman aged 26, in the enjoyment of good health previously, who presented herself with well-marked herpes zoster, the pain and burning sensation being sufficiently troublesome to prevent her from working. Applications of cotton soaked in spirit and covered with oil-silk were attended with no effect; the successive eruptions continued to appear for the succeeding seven or eight days. Acting on the knowledge that Abadie had in several cases cured an attack of zona by lumbar puncture and the evacuation of some 20 Cc. of the cerebrospinal fluid, it was thought that the production of a shock to the spinal cord by means of somewhat less heroic measures might be beneficial; and with this idea ethyl chloride was applied over an area corresponding to the eight first dorsals. The result was most

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A great deal can be accomplished in pneumonia in mitigation by dilating the poison through the blood.—Weaver, *Med. Record*.

Those tissues which require the highest, greatest catalysis first succumb when the catalytic processes are retarded or arrested.

gratifying. The pain and anesthesia instantly disappeared, and the eruptive process was evidently checked, for the already formed vesicles began to form crusts on the following day, and the patches which had disappeared aborted, the little vesicles drying up and disappearing as red points without arriving at the vesicular stage. On the tenth day after the application, all the crusts had fallen off, and the eruption was gone. Vergely opines that it is not sufficient to make the skin very cold, but that a true congelation of the surface should be produced.

#### GONORRHEAL VAGINITIS IN LITTLE GIRLS.

Vaginitis of true gonorrheal origin is much more frequent in little girls than is generally supposed. The discharge is taken for "whites," is considered of trifling import and is frequently neglected. Dr. W. D. Trenwith reports (*N. Y. M. J.*, No. 1413) twelve cases in which the presence of gonococci was demonstrated by the microscope and which were discharged *cured*. The infection occurred indirectly through the father or through sleeping with a child already suffering from a vaginal discharge. The general method of treatment consisted in irrigations with large amounts (two quarts, two or three times a day) of 1 to 4000 potassium permanganate solution; the irrigations were made through a 2-quart fountain syringe connected by means of a medicine dropper with a soft rubber (No. 15 French) catheter. When the discharge became slight in amount the potassium permanganate was stopped and douches of zinc

sulphate and alum, one dram to the pint of water, were given morning and night. A few injections of silver nitrate solution (1-2000 to 1-125), half to one dram at an injection, usually completed the cure. In two cases of this series the urethra became involved, with the consequent severe pain, etc., during urination. Silver nitrate in 10 per cent solution was applied on a swab directly to the urethra, and while causing severe burning during application, sufficed nevertheless to relieve the symptoms promptly and to cure the urethritis.

#### NON-GONORRHEAL URETHRITIS WITH NUMEROUS INFLUENZA BACILLI.

Dr. Paul Cohn (*Deut. Med. Wochens.*, N. 29, 1905) reports the following rare case: The patient, twenty years old, perfectly well up to that time, noticed a urethral discharge which resembled viscid sputum. Examined under the microscope, the discharge showed no gonococci, but other microorganisms of various kinds, among them large bacteria, with a dark-colored center. The patient soon developed fever and slight epididymitis, which, however, disappeared under hot applications, etc. Cultures were made and numerous influenza bacilli were found in the secretion. Various therapeutic measures had no influence on the urethritis, which got worse, the patient developing cystitis, strangury and pain on urination.

#### GONORRHEA AS A CAUSE OF STERILITY.

As to gonorrhea as a cause of sterility, one author states that fifty per cent of

Those tissues which are most difficult of digestion first succumb when the autolytic process is derelict.—Wakefield, *Medical Record*.

Schmidt attributes diabetes insipidus to high tension and rapid circulation with dilated vessels in the kidney.—*Lancet*.

all involuntarily childless marriages are made so by gonorrhea of the female organs of generation, of which forty-five per cent are due to marital infection by men. On this point there seems to be but little difference of opinion. Nogerath asserted that fifty per cent of sterility in woman was caused by gonorrhea. Lier-Ascher found, out of 227 women, 121 sterile because of gonorrhea. Neisser contends that gonorrhea is a more potent factor in the depopulation of countries even than syphilis. He regards gonorrheal infection as responsible for more than forty-five per cent of sterile marriages. In eighty sterile marriages Kehrer found forty-five caused by inflammatory and other changes, all of gonorrheal origin. This is upward of fifty per cent.

Janet, in 1902, while discussing "Social Defense Against the Venereal Peril," declared that gonorrhea with tuberculosis, perhaps more than tuberculosis, was the great pest of our age. If we compare from a social point of view the importance of gonorrhea with that of syphilis, gonorrhea is to syphilis as 100 is to one, not only from the standpoint of the number of persons attacked, but also from the standpoint of the gravity of the lesions and their perpetuity. Gonorrhea modifies in a manner often permanent the genital organs of patients, renders them infinitely dangerous for the women they approach, causes all metritides and annexial inflammations which today give to surgeons three-quarters of their work, and conduct finally both men and women to sterility.

It is regrettable that this important matter has received so little attention in American textbooks of gynecology and

genitourinary diseases, and that students of medicine should start on their career as physicians with such limited knowledge regarding the extent and consequences of this social menace. [Ex.]

#### **MULTIPLE MUSCULAR GUMMATA, WITH BULLOUS ONSET.**

At a recent meeting of the Manhattan Dermatological Society, Dr. Gottheil presented the following case of gummata, with the rather unusual onset in the form of bullae. The patient was thirty-two years old. A water blister appeared on her left inner ankle, which broke, got black, and spread. Three weeks later, this lesion was quite large, oval, ulcerating, and about two inches deep. Upon removal of superficial necrotic tissues, a large sloughing cavity was exposed, with foul odor but scanty discharge. While under observation, two large blebs filled with serum appeared on right lower leg; edges inflamed, but lesion was not painful. Within forty-eight hours serum absorbed, leaving large doughy depressions, covered with whitish, shrunken epidermis; upon removal of this, ulcerating cavities, 3 by 4 and 1 1-2 by 2 1-2 inches respectively, were exposed; also several sinuses, extending in all directions, four or five inches, showing extensive involvement of the muscular tissues. These ulcerating cavities gradually increased in size, the largest attained dimensions of 6 by 4 inches. No pain, very little tenderness, no temperature or constitutional symptoms. Treatment: salicylate of mercury injections, 10 m. weekly and potassium iodide rapidly run up to 750 grains a day. Locally, bichloride

Schmidt treats diabetes insipidus by causing intestinal hyperemia with cathartics to relieve the renal gorge.—*Lancet*.

Query: Is asthma a possibility without some form of autotoxemia, such as uricacidemia or sapremia, or fecal toxemia?

solution 1 to 3000. Improvement immediate and rapid. Bullæ as the first superficial manifestation of deep gummata are unusual; some of them developed while under observation.

#### A LIQUID PREPARATION OF IODOFORM.

M. Blanchi (*Lancet*) has published a formula for the preparation of iodoform in a liquid state which offers certain advantages over an emulsion of iodoform from a therapeutic point of view. It is a syrupy, yellowish liquid having the odor of iodoform and is miscible with water, alcohol, ether, glycerin, chloroform, essential oils, benzol, eucalyptol and creosote. It dissolves guaiacol and several other drugs, and is easily absorbed through the skin, iodine having been found in the urine six hours after the application of the liquid. It is easily prepared by dissolving 35 parts of caustic potash in 25 parts of water, adding first 50 parts of oleic acid and 30 parts of 95 per cent alcohol, and then 30 parts of iodine in small portions. On warming the mixture, iodine is absorbed and a brownish liquid is obtained. If necessary the brown tint may be destroyed by the addition of a few drops of caustic potash. After a few days the liquid is decanted and kept in a dark place.

#### FEVER IN THE TERTIARY STAGE OF SYPHILIS.

Fever in the secondary stage of syphilis is a common occurrence; in the tertiary stage however it is rather rare, and as no symptoms of syphilis may be present at the time, it may give rise to

confusion and lead us to a false diagnosis. Many cases of syphilitic fever were treated for tuberculosis, and it has even been mistaken for typhoid fever and septicemia. Dr. D. W. Carpenter of the U. S. Navy reports two such cases (*Med. Record*, No. 1845), illustrating the difficulty of diagnosis. Case 1, suffering with remittent fever, was treated first for malaria, then tuberculosis was suspected. The patient finally admitted that he had had syphilis, and potassium iodide brought the patient about. The second case was admitted with the diagnosis of chronic bronchitis and suspected phthisis. Here also syphilis was discovered to be the cause and under potassium iodide the fever disappeared and the patient gained in flesh and strength. In these two cases—and the author emphasizes the fact—mercury proved rather injurious and the patients got along much better when taking the iodide alone.

#### THE TREATMENT OF GUMMATA BY ARTIFICIAL HYPEREMIA.

Bier's method of artificially induced hyperemia (by means of a rubber bandage) is finding wider and wider application. Most probably in this as in all other methods an excess of zeal will be displayed and it will be used in cases in which it is contraindicated, with consequent unfavorable reports; but this will not be the fault of the method which is undoubtedly very useful within its sphere. (By the way we have just read that Bier received the Kussmaul prize for his method.)

At a recent meeting of the Vienna Dermatological Society, Dr. Oppenheim

I believe there is much of good in pelvic massage when properly used in properly diagnosed cases.—Johnson, *N. Y. M. J.*

The profession should now turn their attention to maintain sterility to the very end of its need.—Craig, *N. Y. M. J.*

demonstrated two women who were treated by Bier's method for extensive gummata. One patient came to the clinic with a gangrenous gumma, about six inches in diameter, on her leg; the bandage was applied twice a day, below the knee joint, for about ten minutes at a time; the patient could not bear it for any longer period; now she can bear the bandage for an hour at a time. Under this treatment the ulcer became clean and rapidly covered with epidermis. The second case was similar in character. In both cases no specific treatment was employed.

A third patient had a very painful, extensive gangrenous gumma on the sole of the foot, which resisted all treatment. All kinds of general and local therapy were tried without success. The pain was so severe at night, that the patient could not close her eyes. The hyperemia method not only removed the pains quickly but also healed the ulcer.

#### GONORRHEAL RASHES.

Erythematous or scarlatiniform rashes, while rare, are not unknown in the course of acute gonorrhea. Several authentic cases have been reported, in which any other exciting cause could be excluded. In the *British Medical Journal* two cases are reported, in which the scarlatiniform rash appeared without fever or any other general symptoms and disappeared in four to seven days. No internal medicines were taken by the patients.

#### ETIOLOGY OF ACUTE PEMPHIGUS.

Acute pemphigus of the newborn has long been recognized as an infectious and contagious affection, but the germ

causing it has so far escaped detection. Dr. T. S. Chuprin (*Mediz. Obesreine*, LXIV, No. 12) now comes forward with the announcement that the majority of pemphigus cases are due to the common gonococcus. In the pus of the vesicles, *he frequently found typical gonococci*. This explains the contagious nature of pemphigus, the value of cleanliness in preventing its spread, and other features of the disease.

#### PRIAPISM, A SYMPTOM OF LEUKEMIA.

In 1879 Salzer reported a case of priapism in a leukemic patient and referred to eight other cases of leukemia in which priapism was the initial symptom. Dr. P. L. Guncel reports an interesting case (*Amer. Medicine*, Vol. XI, No. 1). The patient was a thin, anemic tall man of thirty-five. He had had gonorrhea a number of times and also syphilis. He indulged in excessive venery and would continue intercourse until a number of orgasms were expended before his insatiate appetite was appeased.

When the doctor saw the patient, the latter had been suffering for about thirty-six hours with persistent and painful erection, unattended with sexual desire. It resisted the efforts of two other physicians. The patient had had several attacks of priapism of several hours' duration, previous to this great and final attack, but those disappeared upon vigorous walking or working. The pain was excruciating and unbearable, the organ standing erect at an angle of about 45°, and extremely rigid. Even the slightest touch upon the glans would bring forth a scream of pain from

Bacteria in unwonted numbers and of unwonted virulence do perpetrate the tonsillar epithelium; extrinsic factors of disease.

The sharp curette has probably caused more suffering and death than any other gynecologic instrument.—B. Robinson, *N. Y. M. J.*



the patient. His suffering was so intense that it was necessary to keep him constantly under the influence of an opiate. Urination was accomplished with considerable difficulty and in the knee-chest position only.

Every therapeutic agent was tried, together with phlebotomy and complete chloroform anesthesia. But the priapism continued in its rigidity for about four weeks, after which it gradually began to subside. The patient's blood was quite characteristic. To the naked eye it was so colorless in appearance, as almost to verify the popular phrase of "blood turned to water." The patient died of exhaustion about seven months after the appearance of the priapism.

#### VITILIGO AND SYPHILIS.

Thibierge combats the view of Pierre-Marie that vitiligo is frequently, if not always associated with syphilis and adduces in support of his opinion three cases in which the vitiligo developed from one to three years before the contraction of syphilis, so that these cases could hardly have been syphilitic at the time of development of the vitiligo. Thibierge has seen vitiligo commenced apparently at the site of ulcerated syphilitic lesions, and become generalized from this initial patch (*Brit. Jour. of Dermatology*).

#### HATPINS IN THE MALE URETHRA.

A few weeks ago a case of hatpin in the urethra was reported in the *British Medical Journal* (See *American Jour. Clin. Medicine*, March, 1906). Since then there is hardly an issue in which

cases of hatpins in the male urethra are not reported by the physicians from various parts of the country. The patients are of all ages—boys to old men. The excuse generally given for the hatpin finding itself in such a peculiar locality is that they wanted to remove an obstruction. They wanted to urinate and couldn't, so they passed the pin. But there can be little doubt that this implement, the woman's weapon, is used for the purposes of perverse sexual gratification.

#### SCROTAL TONGUE.

This inelegant and rather disagreeable name has been given to a fissured chronic glossitis, which is usually congenital. Dr. Payenneville reports a case in a woman of 54, a mother of eleven children, three of whom presented the same condition. The patient had the tongue from childhood, probably from birth, and stated that her mother also had the same kind of a tongue. (*Ann. de Derm. et de Syphilis*).

#### ALYPIN IN GENITOURINARY SURGERY.

Dr. Max Joseph and Dr. J. Kraus state (*Deut. Med. Wochen.*, No. 49, 1905), that they have found alypin a very satisfactory local anesthetic in genitourinary work. They have used it in one, two and four per cent solution in 75 polyclinic cases. When used before a silver nitrate injection, the pain was entirely obviated. In strictures the introduction of bougies was greatly facilitated by the previous employment of a 2 per cent alypin solution. They also used it

Muscarine causes leucocytosis lasting a month; but continuous administration always decreases the number of white cells.

Atropine, digitalin and phenol lessen the number of leucocytes and combat nature's efforts to oppose muscarine.—Spagnuolo.

in minor surgical operations, and by injecting the alypin subcutaneously (15 min. of a 2 to 4 per cent solution) absolute anesthesia was obtained. The author's conclusions are as follows: (1) Alypin is a very serviceable local anesthetic for urological practice. (2) In its effect it is at least equal to cocaine and beta-eucaine, with the great advantage of relative harmlessness. (3) Alypin appears to be free from any deleterious by-effects.

#### RARE COMPLICATIONS OF GONORRHEA.

Dr. Ernst Becker reports three different complications of gonorrhea which have not been described (*Med. Klinik*. Vol. I, No. 21). The first was a suppurative myositis of the right arm. The gonorrheal character of the suppuration was proven by the presence of the gonococci. The second was an exudative pericarditis and the third an arthritis of the ileosacral joint and symphysis. In these two cases gonococci were not demonstrated, but the diagnosis was arrived at by exclusion.

#### FIBROMA MOLLUSCUM GRAVIDARUM.

These are little tumors, appearing in the latter half of pregnancy, bearing the histological characters of fibroma molluscum, but differing from it clinically in that they disappear totally postpartum. The distribution was limited to the neck, breasts and the submammary area. The lesions were frequently, but not always, pigmented. This skin lesion is a clinical entity hitherto undescribed and attention has been called to

it for the first time by Dr. S. M. Bricker of New York, at a recent meeting of the New York Academy of Medicine.

#### THE CYTORRHYPES LUIS.

While the *Spirochaeta pallida* now holds the front stage, it is well perhaps to remember that Siegel has not by any means given up his fight for the recognition of his *Cytorrhypes luis* as the specific organism of syphilis. In the last number of the *Munch. Med. Wochen.* (Jan. 9, '06.) he has a long article accompanied by plates in proof of the justness of his claims.

#### TREATMENT OF URETHRITIS WITH MEDICATED SOUNDS.

Dr. E. G. Ballenger highly commends (*Amer. Med.*, Vol. 9, No. 9) the treatment of chronic urethritis by means of sounds coated with a medicated ointment. The ointment is prepared by mixing powdered silver nitrate [it must be very finely powdered, indeed] 30 to 45 grains with 6 ounces of melted cocoa butter, placed in a tall, wide-mouthed bottle. When to be used, it is melted by placing in hot water, etc.

The largest sound that can be easily passed, and another three sizes smaller are sterilized and placed in a pitcher of ice water. The large sound is lubricated, introduced and left in place for three to eight minutes. The smaller sound is dipped into the melted ointment, withdrawn and manipulated for a moment while it cools, to obtain a uniform layer, and is then placed in the ice water. The strength of the ointment is increased as the urethra becomes more tolerant. The

Chloroform tends to accumulate in the red blood cells from the facility with which it mixes with lecithin.—*Medical Record*.

Alkaloids possess selective affinity for certain tissues; traces are recognizable in many other tissues.—*Medical Record*.

introduction of the first sound is not absolutely necessary.

The urethra is massaged along the medicated sound, to express the secretion from the follicles and to force into them a small quantity of the ointment. The cold and pressure of the sound, in addition to the massage, have a stimulating effect on the absorption of the exudate beneath the mucous membrane and around the inflamed follicles, which is very beneficial. Irrigation may or may not be given before these treatments, as the symptoms indicates.

#### TURPENTINE IN PRURIGO.

At a recent meeting of the Dermatological Society of London (*British Jour. Dermat.*, Jan., 1906), Dr. H.G. Adamson showed a case of Hebra's prurigo in a boy of six. When first seen, the eruption occupied the arms and legs, the glands in the groin were much enlarged and the itching was intense. Recently the condition has improved under a treatment adopted by the parents on their own account, namely by frequent baths following by rubbing with turpentine. The suggestion may prove valuable when we take into consideration the obstinate resistance of prurigo to treatment.

#### THE SPIROCHAETA PALLIDA IN THE TISSUES.

The demonstration of *Spirochaeta pallida* in the tissues has up to the present been extremely difficult. But with improved technic our efforts are being crowned with success. Out of six syphilitic infants Drs. Buschke and Fisher report having found the spirochæta in the

organs of two (*Berl. Klin. Woch.*, Jan. 1, 1906). They were found in the kidneys, liver, spleen and of course in the cutaneous lesions. The organisms are most numerous in the blood vessels right near the endothelial layer.

#### SYPHILITIC LARYNGEAL STENOSIS IN AN INFANT.

Dr. Mattone (*Rev. des. mal de l'enfance*) reports the case of a four months' infant which had suffered from birth with attacks of dyspnea; it was weak, emaciated and its condition was rendered worse by continued crying and struggling. The diagnosis was made of congenital syphilitic laryngitis, with stenosis. The diagnosis was confirmed by the remarkable improvement brought about by specific treatment. Mercuric iodide in 1-12 grain doses was given by injections, and two series of twenty-five such injections checked the dyspnea the general condition also being ameliorated to a remarkable degree.

#### THE TREATMENT OF HYPERIDROSIS.

Dr. Villaret objects decidedly to the so frequently recommended formaldehyde in the treatment of perspiring feet. It is true that it stops the perspiration, but it does so by simply *destroying* the sweat glands. In his opinion the best remedy is salicylic acid, which, while not diminishing the secretion of the sweat, prevents its decomposition and consequent irritation. Cold ablutions are also indicated.

Part of the alkaloid is rendered ineffective by the liver; the effects are due to exceedingly small part of the dose taken.—*Med. Rec.*

Neurasthenia: For overwork or excessive emotion cases give caffeine valerianate, gr. 1-6 every ten minutes.

# GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

## CONVALLAMARIN.

THE best French authorities agree that *Convallaria majalis*, from which the glucoside is derived, is a valuable remedy in cardiopathies. The plant has, however, two active principles in its composition, which differ widely from each other: (1) Convallarin, which is found principally in the leaves and rhizome of the plant, has an irritant effect on the bowels analogous to that of the drastic cathartics; (2) convallamarin, the other active principle of the plant, has a retarding influence upon the heart, increasing the amplitude of its contractions, and slightly reducing the blood pressure. In toxic fatal doses it arrests the cardiac action in systole. The secondary actions of convallamarin are slight purgation, and an increase of the salivary and urinary secretions.

The juice of *convallaria* was used by M. Laigre (*Th. de Paris*, Juillet, 1903). He obtained it from the entire plant gathered before its flowering, and had it so that one cubic centimeter of the juice represented exactly a gram of the fresh plant. It contained 2 grams and 25 centigrams of convallarin and one gram and 20 centigrams of convallamarin in each kilogram of the juice, representing thus the entire active-principle content of the plant.

The extract of *convallaria* is mixed, impure, for while the flowers of the plant are rich in convallamarin they contain also a small quantity of prussic acid.

This fact forbids the giving of it exclusively. The extract made from the rhizome of the plant has emeto-cathartic properties highly accentuated. The extract from the leaves is three times less active than that made from the entire plant. It is on this account that the last is given the preference for its certainty of action and constancy. In the manufacture of the extract the proportions taken are: two-thirds of the flowers and stems and one-third of roots and leaves.

The divergence which clinicians, who studied this plant, show in their advises seems to be owing principally to the inconstancy of the preparations of which they made use.

An excellent succedaneum of digitalis, *convallaria* can be given in the periodical intervals of the former, or altogether instead of it, when it has failed to do any good. *Convallaria* is better tolerated than digitalis, is not cumulative, does not increase the blood pressure, and is slightly laxative, and its effects while they are mild are nevertheless not transient. The slight irritant action which this plant was noticed to have on the kidneys will oblige a looking after the urine from time to time as it should not be given to albuminurics. It is not advisable in infantile therapeutics.

[There are various forms of syrup, tincture, extracts, and pills of *convallaria* which the French authority (from which I translate) gives, but as they are

all uncertain, as we have seen above, I quote only his dosage of convallamarin, which he gives as 2 centigrams to one decigram (gr. 1-3 to gr. 1-2) in twenty-four hours. As this substance changes in the open air it is best given in granules or pills of one centigram (gr. 0.15) or dissolved in alcohol.—GLENER.]

Finally, there are various medicinal specialties, all of which are based either on convallaria, or on convallamarin. (L. M. in *La Province Medicale*, November 4, 1905, Paris.)

#### FORMIC ACID AND THE FORMATES, AS AT PRESENT UNDERSTOOD.

Formic acid is an old medicament which recent researches, especially those of M. Clement of Lyons, and after him M. Huchard, have rescued from oblivion by precisising and extending its indications. It and its salts exercise a special influence on the muscular system. Its tonic action makes itself felt rapidly, and persists for eight or ten days in both striated and smooth muscles of the system. It is easily conceived how wide the indications of a remedy might be whose influence extends on so extensive a tissue as is the muscular in our organism. Even healthy persons may use it to augment if need be their resistance against fatigue.

But there is more of it. The formates, which are eliminated by the urine principally, produce rapidly, i. e., the first day, a notable increase of diuresis. The products of disassimilation, particularly the urea, are eliminated in great quantities.

As to the antiseptic action, that of the acid is real, but that of the formates is

very feeble. It is to be noticed that formic medication diminishes arterial tension, and exercises a favorable action on certain cases of hypotonic tremblings. (Clement.)

In practice preference is given the formates, especially *sodium formate*, avoiding either too greatly or too slightly acid vehicle. The preparation with syrup of bitter orange peel is the most agreeable. The dose is from 3 to 4 grams (gr. 45 to 60) *pro die*, taken in many divided doses.

Formic acid exists in the organism where various processes may originate it. Its mode of action is yet under discussion, but its feeble toxicity and its effects, especially the muscular, tonic and diuretic are beyond any discussion.—F. Tabor, *Dauphine Medical*, September, 1905, in *La Province Medicale*, Nov. 4, 1905.

#### MARITAL GONORRHEA.

A gonorrheally infected mucosa never heals spontaneously. You can verify this in the vulvovaginitis of children. In gonorrheal infection of females different muscosæ become involved. The infected urethra becomes the disseminating source for vulva and vagina, and thus the neighboring muscosæ become infected from one another. The danger of repeated infection is greatest in marital intercourse, and in this case gonorrhea seems an incurable disease.

If in diagnosis we should limit ourselves to a demonstration of gonococci we would commit a great mistake, for their absence does not evidence a cure. After urinating the cocci are usually not to be seen, but take a scraping off of the

Neurasthenia: Cypridin is useful for these cases as it is less likely to be given in overdoses; gr. 1-6 hourly.

Neurasthenia: Many of these cases are simply instances of autotoxemia from fecal absorption.

mucosa and you can see them plainly. After a provocation with an injection of silver you will find gonococci, while before that you may not be able to find them. Dr. Asch insists upon the importance of examining the passages in the vicinity of the urethra. The secretion of the cervical canal must be gathered continually by cleaning it out with hydrogen peroxide. Gynecologists alone are never able to cure a marital gonorrhea, for the husband, too, must be treated at the same time. The question at issue is not whether he has or has not a gonorrhea, but where is the seat of the cocci which infect the wife? In recent times gonococci were found in the epididymus. Dr. Asch does not admit that the gonococci themselves are of different strengths of virulence, for they retain the same strength after long years of existence. Chronic forms of gonorrhea are able to infect *de novo*. It is the capacity of the mucosa for reaction that may change, but not the virulence of the gonococci, and therefore when the gonorrhea had existed for a long time the mucosa of the husband does not react on the presence of the gonococci, but the mucosa of the young wife will react. The treatment, therefore, of the woman should not be undertaken without the exclusion of the possible reinfection by the husband.

Dr. Asch warns strongly against premature operations, especially in unilateral affections of the adnexa, for usually there is an infection of the other side after the operation. A dangerous treatment is the curetting of the uterine mucosa, for the remaining gonococci infect then the entire newly-forming mu-

cosa, and from it the adnexa.—*Wiener Mediz. Wochenschr*, 1905, p. 1112.

#### A TREATMENT OF URTICARIA FROM INDIGESTION FOR A CHILD FOUR YEARS OLD, BY DAUCHEZ.

1. Have the child take for two or three days in succession, one or two teaspoonfuls of the following electuary, as a laxative: English magnesia; sulphur, sublimed and washed; cream of tartar; white honey, of each, 5 grams (gr. 75).

2. Put the child on a milk diet exclusively, and later on, suspend the use of fish, of fruit and of strawberries.

3. Gelatin tepid baths 100 to 200 grams (25 to 50 drams), prolonged for from twenty to forty minutes. Avoid drying the child, and not sooner than two hours after, and best in the evening, apply the following liniment with a brush: Chloroform, pure, 2 to 4 grams (gr. 30 to 60); tincture of aconite, 6 grams (dr. 1 1-2); oil of sweet almond, 90 grams (dr. 1 1-2). Sig. External use, shake before applying.

4. In case of excitation at night, use a hot lotion of poppy heads (dried poppy capsules 30 grams (drams 7 1-2 to a quart of hot water), or a decoction of tobacco followed by the application of the following power: Finely pulverized talcum; oxide of zinc; starch flour, chemically pure, equal parts of each.

You may add advantageously to this treatment a light alkaline water (Vals, or Vichy) pure, or mixed with milk, two or three wine-glassfuls daily.

To prevent the return of this troublesome urticaria, continue the use of the laxative once every week. Proscribe the

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Nightmare: For adults who sleep too soundly, give camphor monobromide or nickel bromide at bedtime; full dose.

Nightmare: A grain or two of caffeine valerianate at bedtime usually stop all such manifestations promptly.

use of preserves, pork, shell fish, sea fish, especially in the summer, and strawberries. (Bull. gener. de therap. in *Gazette des Hopitaux*, 1905, p. 1037.)

### THE OLDEST TREE.

The oldest living organism on this earth seems to be a cypress tree in Chapultepec, Mexico, which is forty meters (nearly 133 feet) in circumference. Its age is guessed at to be 6200 years. This could be approximately ascertained by the layers if the tree were cut down, but we hope it will not be done.—*Revue Med. du Canada*.

### CACTUS GRANDIFLORUS.

In the French journal *Gazette des Hopitaux* is quoted what our friend Prof. Ellingwood says of *Cactus grandiflorus*, in the *Medical Record*, June 3, 1905, where he recommends the fluid extract made of the stem and flowers of that plant as a cardiac tonic par excellence.

Official French therapists avoid all they can, mentioning the active principles of medicinal plants, and this may be the reason why the active principle, or cactin, glucoside of the *Cactus grandiflorus*, is not mentioned by that journal in that connection. I take the liberty of transcribing the following from the second edition of the *Text-Book of Alkaloidal Therapeutics*, by Waugh-Abbott: Cactin "increases the musculo-motor energy of the heart, elevates arterial tension, and increases the height and force of the pulse wave." (Ellingwood.) This describes its action perfectly. The vaso-motor centers are stimulated and thus general nerve tone is improved. Cactin

has a distinct influence over the sympathetic; it aids markedly in restoring nerve equilibrium in all neuroses, and as we frequently meet heart and nerve disorders conjointly, the utility of the remedy becomes apparent. It acts positively on the heart muscle, and also increases its nutrition. After a week or two of its use valvular murmurs become less apparent, and if the drug is continued, cease.

### FIBROLUSIN.

Fibrolusin, which means "fiber-loosening," is an improvement by Dr. F. Mendel of Essen, on thiosinamin, which seems to be a wonderful dissolvent of cicatricial tissue, applied either directly to a cicatrix, or even administered internally.

The remedy deserves a better than this Latin-Greek mongrel name. We propose "ouleelusin," scar dissolver, or "cicatrosolvin." It is manufactured (not the name) by E. Merck.

### ELECTRICITY FOR FURUNCLES.

Dr. Marcus of Munich recommends the treatment of furuncles and carbuncles with electricity. He introduces the negative pole in the diseased follicle by means of an epilatory needle with a current of one to two milliamperes. He then increases the current to 10 ma, and enlarges the follicular opening. There is a strong development of hydrogen which expels tissues, dust, and cocci. Then he introduces the positive pole with a depilatory needle, which develops oxygen in the nascent state, which is the most energetic disinfectant.—*Wiener Med. Wochenschr*, 1905, page 1181.

Nightmare: Children need rhin or juglandin, a small dose before each meal for a week, with cypridin at bedtime.

In Manila copper sulphate has proved useless as an agent for purifying water unless used in unwholesome quantities.

# MISCELLANEOUS ARTICLES

## THE FATE OF A PATHOGENIC MICROBE.

A TRAGEDY IN ONE ACT.

**A** *pathogenic microbe and leucocyte meet at a capillary crossroads. The microbe displays a lofty contempt for the leucocyte, and proposes to itself to reduce it to a desolate waste.*

*Microbe. (Aside)* Now whither far-est his pellucid nibs? I'll jack him up a bit. *(To leucocyte)* Halt! Throw up thy flippers, pale corpusculus, ere I fillip thee supra-lunaward.

*Leucocyte.* What wouldst thou then, inconsequential mite?

*Mic.* Inconsequential, didst thou say? Know then, I a bandit am. Me totem is the bat of Sepsis, and me rendezvous, the pathogenic camp.

*Leu.* What then, thou measly atom of a pathologic vagary? Wouldst aught of me?

*Mic.* Merely thy life, together with thy scads.

*Leu.* Now damn me—hath it come to this? *(Aside)* Some of the pother of the outer world hath seeped into its brain-let; so, hence its stiff, pavonian airs. And what a glairy glare on it wherewith it glareth! Could supercilious smugness out-ultra it? It hath a new-born vanity, and naïvè self-conceit e'er cocks its hat. *(To Microbe)* And thou a bandit art?

*Mic.* Thou bet'st I art. To spill the blood of such as thou, proud spherelet, is my trade.

*Mic. (Aside).* The pertness of Lord-buttressed littleness! 'Twas ever so. The mantle doth not fit, and evil manducations wimple out in acrid gaucheries. I'll humor it a bit. *(To Mic.)* Thou hast the drop on me?

*Mic.* I hast!

*Leu.* Oh, brave, proud bandit, hath not sweet mercy ne'er a place within thy soul?

*Mic.* Thou bet'st thy life it hasn't.

*Leu.* Art thou so minus then the cardiac viscus?

*Mic.* Thou canst ever bet I art.

*Leu.* Wilt thou no quarters give?

*Mic.* Me hindquarters I'll show to thee when I have done with thee.

*Leu.* Now, God forefend! Canst strain not out one molecule of mercy?

*Mic.* Nary a mollie, nor nary a cule.

*Leu.* I pale me in thy splendor, sweet bacterium. Pray, let me live—live but to serve thy excellence.

*Mic.* It canst not, shall'st not was.

*Leu.* Thy secretary let me be.

*Mic.* Nixie—nit.

*Leu.* Then thy factotem, please.

*Mic.* Come off! we are a fact, and we a totem havist.

*Leu.* Then thy bootblack.

*Mic.* Me wants are fully served, and thy vain twaddle counteth not.



*Lew.* Oh, sublime, sanguiferous recidivist, I have a wife.

*Mic.* I don't give two whoops for that.

*Lew.* A child whose pleading innocence would move a fiend!

*Mic.* Thy watery, translucent kid bedam!

*Lew.* (*Aside*). Shall not the cat play with its prey, then why not I? (*To microbe*). Thou art exceeding clever, and much thou must have pondered problems vast.

*Mic.* Me constitution bendeth 'neath its weight of wise content.

*Lew.* 'Tis well. Perhaps thou'lt deign to sweeten my last hour with seerish answerings.

*Mic.* The favor's trifling—shoot off.

*Lew.* But first, how gottest thou within my fair domain?

*Mic.* The bars were down and I walked in.

*Lew.* Thou'rt sure of this?

*Mic.* Dead sure; the bulged of brow have so declared.

*Lew.* (*Aside*). The crass credulity of slaves to spectacled authority! The theory may be true; it may be false. At most, predacious bugs could only give disease its specificity. Not else, because the bars must be let down. But isn't that enough? We must concede it is. Why shouldn't mites bacteriologic be at least diseases' secondary cause? But is it philosophic to attempt abatement of a secondary cause? The question is a pregnant one, and conscientious men are testing it with all the zeal of scientific trust. It may transpire they're right, and it may not. The nuances momentous as related to coincidence—what havoc have they ever wrought in clinical conclusion! But

we'll hope on—a few more years will tell. Meantime, let controversy, tests and counter tests go on, for out of friction flashes light. (*To Microbe*). What label wearest thou?

*Mic.* (*Bristling*). The diphtheritic badge.

*Lew.* Pray, where thy native habitat?

*Mic.* (*Scratching its head*). Within a sewer pipe.

*Lew.* Whence thy specificness?

*Mic.* (*Winking rapidly*). Now wot th' 'll is that to you?

*Lew.* Is diphtheria intrinsic to sewage, or is it so to you?

*Mic.* (*Twisting on its nates*). Too dam pragmatic, thou.

*Lew.* What is it that we call diphtheria? Is it the outcome of a base ferment—the organism's struggle 'gainst a specific mode of heterogeneous presence? Whatever 't is or is not, experiment (empiricism) alone, not sharp deductive scientific study, must work out in the end, the remedy. There is no royal (scientific) road to therapeutic certitude.

*Mic.* So pratest all dampholes.

*Lew.* (*Aside*). The human form divine! this temple of the soul—its self-sufficiency is sure. No enemy hath it within its own precincts. Heredity itself belongs to its environment. If these bacilli (pathogenic) are not natives, morbidly deformed, then it is sure they're from without. No malady arises *de novo* within this sacred tenement. The very *primal* cause of all disease comes ever from without. The first *effect*, therefore, the primal intra-lesion is. (*To microbe*): Feel'st thou that thou a primal lesion art?

*Mic.* Me ptomaines 'tis that does the devilment.

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Appendicitis: Its uncommon prevalence among colored races Sandwith attributes to greater care in keeping the bowels open.

Thorne attributes appendicitis to habitual toxicity of intestinal contents from catarrh and fermentive decomposition.—*Med. Rec.*

*Leu.* There is no sin in such belief; it may be true. What then? Is such refinement more than learned ornament—the tapistry of ultimate and nice research?

*Mic.* 'Tis pathologic science, and what, without the pathogenic picture shalt thou do? Thou'rt buggy, very.

*Leu.* (*Aside*). This Mickie knowth no more than doth some men. (*To microbe*). Right diagnosis—a most creditable accomplishment indeed—holdeth not, intrinsically, so much as e'en the echo of a therapeutic hint, in fundamental sense. Canst tell me why it should?

*Mic.* I can'st, but then I shan'st.

*Leu.* It hath become the fashion of the ultra-up to e'er contemn whatever smacks of the empirical. And this, forgetful of the fact that rational empiricism is the soul of Medicine. The strenuous assertiveness of the deductive habit, 'tis, that drives men out tangentially from common sense in things iatric. The point of the Jennerian accident hath set strange wheels a-turning in some heads, and they are cogging out some queer fatuities along with many a brilliant truth. And, too, there is a pride begotten of vocation which e'er shrinks from the concession that our therapeutics is but scant in scientific fact. And so the leaders chase phantasms, closet-born, whose vague remedial incidence inheres mayhap, in isopathic dreamery. To invade the sacredness of our blood current—is't nothing in relation to the sanctity of physiologic sense? And counts not this in the great ultimate of things? And shall the Achean gauze of cryptographic phrase and euphemistic baubles mitigate the hurt? But still, and still, the vast, tremendous force of cura-

tive results—if they are real—shall these not e'er o'er-ride the niceties of the esthetic sense? The question hath two sides, and studious men will work it out.

*Mic.* Thou art a ass without recourse.

*Leu.* (*Aside*). The ass's argument. (*To microbe*). Small as thou art, thou art a large and all-pervading fact. The universe rests on thee in great part, for thou art close connected with the principle of life, and without life there were no universe. But that is also true of me, and so thou need'st not put on airs.

*Mic.* Forgetst thou, chump, that I've the drop on thee?

*Leu.* The drop—the drop—thou'lt soon lose e'en the virtue of a drop, deep in oblivion.

*Mic.* Ha! Me incandescent inwardness gay chortleth now in bloody glee. Prepare for 's death! Dost pray?

*Leu.* (*Striking a tragic attitude, and pointing at the microbe a finger no less vesicatory for being metaphorical, while weird and shuddering strains proceed from the orchestra*). Oh, thou tenebral speck of foul negation; thou blasted histogenic speck exiguity; thou bastard mite cylindric—the gall of thee! Yes, I do *prey*, and thou shalt be the subject of my prayer. (*Blue light and slow, lurid and guttural music, as the leucocyte swallows the microbe*).

*Leu.* (*Stepping to the front*). *Sic semper tyrannis*, and a good square meal.

WILLIAM COLBY COOPER.

Cleves, Ohio.

#### HEADACHES: THEIR CLASSIFICATION AND TREATMENT.

*Anemic Headache.*—The proximate cause of this kind of headache is a de-

Appendicitis: The most common cause is a lodgment of undigested matter or fecal masses in the bowel.—Tyson, *Med. Record*.

Appendicitis: Disinfection and lubrication of the intestinal tract are the essentials of prevention.—Symes Thompson, *Med. Record*.

iciency of blood within the cranial cavity. It is an almost invariable attendant on general anemia and chlorosis, and consequently young women of feeble constitution are particularly liable to its attacks. It is a common attendant upon all forms of debility due to uterine hemorrhage, epistaxis, hemorrhoids, malnutrition, chronic diarrhea and mental and physical exertion; masturbation in both sexes, and the excessive indulgence in tobacco. The symptoms are a sensation of tightness about the forehead as if it were encircled in a band and there is a clawing sensation at the vertex. The pain is less when lying down than when sitting up. In some cases the act of rising causes vertigo, giddiness and syncope.

**Treatment.**—The inhalation of a few drops of nitrite of amyl is often followed by immediate relief, but this is of short duration. Repeat it when required. The patient should lie in bed with the foot of the bed elevated so as to get the blood to flow to the head. Aromatic spirit of ammonia is sometimes useful for immediate relief and the patient should be put upon triple arsenates beginning with two granules after meals, gradually increasing to three or four, with ten drops of nuclein between meals on the tongue, with a rich, liberal diet of cod liver oil, rare beefsteak; and mutton chops, milk and eggs where the patient can digest them. Liquid extract of beef is good and liquid peptonoids is good to begin with. Quassin, 1-3 grain before meals, is a very good practice to stimulate appetite; and above all keep the bowels open with saline laxative mornings.

**Congestive Headache.**—In this form of headache there is a severe tensive pain

with a sensation of fulness in the cranium. The pain is constant and sleep is more or less profoundly affected. All mental and physical exertion increases the pain and there is more or less vertigo. The patient is extremely irritable and aroused by the most trivial circumstances. He is pessimistic and depressed. The heart action is increased in intensity and there is a throbbing in the temples. There is an increase of temperature above the vertex and the face has a livid, coppery appearance. The cause of this headache is an increase in the arterial blood tension and a distention of the intracranial veins, consequent upon some form of obstruction to the flow of blood in the same.

**Treatment.**—Relief is afforded in uncomplicated cases by compression of the common carotid arteries. Electro-compression also yields excellent results. Cold to the head, with hot water to the feet and calves, is also a good treatment, as is the hot-air or Turkish bath. The hot water bath, as hot as the patient can stand, can be given with advantage. In severe cases leeches to the temples or septum nares is of advantage, as is also dry cupping of the neck and back. Blisters to the nape of the neck and sinapisms to the calves of the legs have also been used with excellent results. The galvanic current to the head may be tried, but it is seldom of very great use. Aconitine amorphous, 1-67 of a grain, every one-half to one hour until you get softening of the pulse, and then keeping it so by reducing the dose, has served me well in conjunction with bromide of sodium in moderate doses. Keep bowels open with saline laxative. An occasional dose of calomel and podophyllin is good.

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Appendicitis: Allowing sepsis as a cause, Williams adds extra work thrown on bowel by neglect of other emunctories.—*Med. Rec.*

Craig condemns all surgical antiseptics except 60 per cent alcohol; crediting reaction temperatures to the chemical used.—*N. Y. M. J.*

*Nervous Headache.*—This form of headache is due to a change in the substance of the nervous centers themselves and is readily evoked by profound emotional disturbances. In many persons the onset is marked by a digestive derangement, eructations, flatulence or constipation. The pain begins with visual disturbance. The sight becomes clouded and there is acute pain in the temple. There is more or less nausea, confusion of ideas and vertigo. Sometimes the pain is felt in the forehead, vertex or occiput, but in the majority of cases it becomes located in one temple, in one half of the head or in one eye.

The causation is various, such as debilitating disease, spermatorrhea, leucorrhea, mental disorders, digestive disturbance, worry and depressing emotion and in general neurotic patients.

*Treatment.*—The point of most importance is sleep. Give sodium bromide in from ten to twenty-grain doses every two or three hours. A hypodermic of morphine, gr. 1-6, is sometimes necessary. Put the patient in a dark room and apply ice to the head if there is cerebral congestion, otherwise the hot water bag is better. Hyoscyamine in conjunction with bromide of sodium is excellent to produce sleep. Give until effect. A formula I have used with great success is as follows:

Antipyrin .....gr. 10  
Sodium bromide .....gr. 30  
Caffeine .....gr. 2  
M. Fiat charta No. 1

Take one powder every two hours until relieved and then less often. This will usually stop the pain very soon, when you may dispense with the antipyrin but continue the bromide or hyos-

cyamine. To prevent the nausea from the hypodermic use of morphine give one-half grain of cocaine before injecting the morphine. [In our opinion, in nervous headaches, as in all other nervous diseases, habit-forming drugs, such as morphine and cocaine, are to be religiously tabooed.—Ed.]

*Toxic Headache.*—This form of headache is caused by some chemical change in the constitution of the blood, due to poison introduced from without, or through an organic or functional derangement of the system such as alcohol poisoning, Bright's disease and fever, which prevent the throwing off of the solids, thereby causing uremic symptoms due to retained poison in the blood. This also occurs in people who inhale poisonous gases and in those that work in lead and get a chronic lead poisoning of the system.

*Treatment.*—If the headache is due to the inhalation of gases open the bowels by saline and give a hypodermic of pilocarpine to produce diaphoresis, if possible. Let the patient take a hot bath, or better a Turkish or Russian bath at once. Always use eliminants to rid the system of the poisons and if the kidneys are diseased treat them. Accordingly, if liver is at fault, give calomel, gr. 1-6, and podophyllin, gr. 1-6, one of each every hour for six or eight doses twice a week. In the intervals give saline laxative. Give tonic if required.

*Bilious Headache.*—This is a very common form of headache and is caused by ovarian and uterine affections; by hemorrhoids, decayed teeth and digestive disturbances; and by malarial poisoning in those living in malarial districts.

Symptoms are pain in the head, con-

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Eastman pronounces safe the injection of 2% osmic acid solution, gtt. x, into sensory nerve trunks; watch kidneys.—*Med. Record.*

A solely symptomatic treatment while seemingly correct is both theoretically and practically incorrect.—Hare, *Ther. Gas.*

striction and fulness in forehead or vertex, bad taste in the mouth, yellow skin due to accumulation of bile in the duodenum, more or less digestive disturbances, a feeling as if about to vomit, and giddiness, sometimes vertigo.

**Treatment.**—A hypodermic of apomorphine, gr. 1-12, is good treatment to produce emesis. Repeat the dose if required, then after emesis give one-half grain of cocaine to quiet the stomach with a mustard plaster over the stomach for twenty minutes. Then give six one-sixth-grain granules of emetine with as little water as possible. This will work ever night—perhaps both ways. No matter, it is the best medicine I know of in these cases. Now after the bowels have moved begin by giving the patient two tablets of compound manganese tablets before meals. Increase to four tablets if necessary. This will correct his stomach. If the patient is troubled with his liver give him an occasional dose of calomel and podophyllin, followed by saline laxative. If there is much gas, give him strychnine, three or four granules before meals, with the manganese compound. If the patient has malaria give him quinine arsenate, gr. 1-6, quassin, gr. 1-6, and berberine, gr. 1-6, every two or three hours, and you will cure your patient. A course of dilute nitromuriatic acid is good, but be careful not to give it while you are giving calomel or you will "raise ructions."

**Organic Headache.**—This kind of headache depends upon a profound change in the constitution of the brain and its membranes, and is caused by arterial disease, syphilitic and other varieties of tumors, tuberculosis, cerebral softening, hydatids and ossified forma-

tions within the cranial vault, and meningitis.

The treatment must be directed toward the cause; medical or surgical, or both in syphilis. Give protoiodide of mercury one-half to one grain three times a day with iodide of potassium in large doses, or you may give the new iodine, called calx iodata, from three to ten grains or more a day, to effect, with saline laxative mornings. For pain give morphine, hyoscyamine or antipyrin; bromide is useful in the majority of cases. In those cases due to non-syphilitic tumors, or other affections, surgery is resorted to, at times with success. This is only done in selected cases and is more often a failure than a success.

W. F. RADUE.

Union Hill, N. J.

#### A LETTER FROM THE PHILIPPINES.

This is the first time that I have attempted to write anything for the CLINIC family, and I do so now, not because I think that I know anything about medicine that will be of special interest to you, but, because I know that some of the things which I tell you will interest some, if for no other reason than from the standpoint of queerness, and because I have been asked to write something about the every-day experience of a doctor in the Philippines.

Well, to begin with I reckon I had better tell you who I am.

I am of the Class of '98 of the Old Hospital College of Medicine in the state where the little girl, who, when her family was going to move to another state, got down on her knees by

Hearing that a death was due to uric acid, the city editor sent to every drug store in town to find who sold the acid.

Dr. McCormack seems to be *persona non grata* in Kansas, his remarks anent that state being resented deeply by its doctors.

her little bed and said, "Goodbye God," and,

Where the blue grass grows,  
And the best whisky flows;  
Where the women are the prettiest in the  
Land;  
Where the pennyroyal is found  
Like a carpet on the ground,  
And the horses are the first to pass the  
stand.

I reckon I am the luckiest man in the world, not simply because I was born in Kentucky—though that would be sufficient evidence—but because whenever there is a particularly bad case which is going to terminate fatally I am nearly always away from home, as was the case a few days ago. While in Manila, where I had gone to take an examination which corresponds to the State Board in the United States, a telegram came to Vigan, where I am in charge of the Constabulary Hospital, asking me to come to a town in the next province to see a woman, and to bring my obstetrical instruments; not being at home my wife sent the telegram to Dr. S., who is the smallpox doctor for this end of the Island and whose headquarters are in Vigan.

Dr. S. started out horseback, which is about the only way one can travel in this country; it was about the middle of the afternoon and he rode all the evening and until one o'clock that night; lying down by the side of the trail he slept until four in the morning; getting up he began to climb one of the worst trails (Igorrote Trail) in northern Luzon. No one who has not climbed an Igorrote trail knows anything about one. You must climb from rock to rock and from shrub to shrub; jumping from stone to stone one slowly makes his way upwards through clouds and above

them. Rope-soled shoes are a necessity in this kind of work, in order to keep from slipping, which would mean almost instant death. When the highest point of the trail is reached one does not think much of the grandness of the scenery but of the descent, which is almost as bad as the ascent.

When Dr. S. arrived at the foot of the trail on the other side, he found a pony waiting for him, also "hurry up" orders. He mounted and rode until one o'clock next day, through rice paddys, cocoanut groves, and forests of tropical foliage, fording rivers and rafting across those that were too deep and swift to ford. After more than forty hours of riding with but a few hours of sleep and with but little to eat he arrived at the town to find an American woman, the wife of a government official, seven months pregnant, dying from an abscess of the liver, death closing the scene two hours after his arrival. Of course, there was nothing else for Dr. S. to do but return to Vigan. Just as he was leaving the house the gentleman stepped up to him, took his hand and said: "Doctor, I am most grateful to you and to show my appreciation I will just put this in your side pocket and if any one asks you how it came there, just say the angels dropped it from heaven." (This is the custom which prevails here where there are so many physicians who have not passed the state board examination and are not allowed to charge for practising. Dr. S. however, is not of this class.)

After listening to his words of gratitude the doctor said, "Goodbye." (That was not what he said the next morning.) and started on the return journey, thinking

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McCormack says Kansas is a dumping ground for low grade doctors. They manage to keep out of our sight remarkably.

Egan denies that it is proved that yellow fever can only be imparted to man through the medium of the mosquito.—*St. L. Clinique.*

I suppose, as we all sometimes do, of how he could have saved the woman if he had gotten there in time. I suppose that his mind was so full of the thoughts of the sad picture he had just witnessed that he had forgotten all about his side pocket.

Next morning, when putting on his clothes, after a refreshing night's rest at one of the little villages along the way, he happened to think of the money in his side pocket. He drew it out and what do you suppose he found? After riding, climbing, stumbling, falling, rolling and swimming one hundred and thirty miles, scarcely stopping to eat or sleep for more than forty hours, going out of kindness of heart and emptiness of pocketbook in the place of another doctor who was lucky enough to be away, he found in that side pocket, where the angels had deposited them, two ten peso bills (ten dollars in all). This, the experience part, none of you can fully appreciate, for you have never climbed an Igorrote trail.

You cannot realize the beauty, grandeur and hair-raising characteristics of a trip over one. The most fascinating part is the uncertainty of having a head when you reach the other end of the trail. The Igorrote has a peculiar habit of lying concealed along the side of the trail with a peculiarly arranged weapon made something like this:

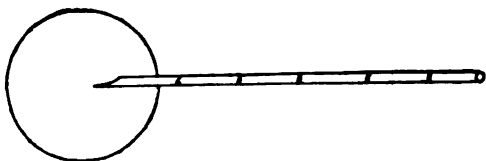


Fig. 1. Igorrote Spear with "Bejuco."

The long spear is made by hardening a piece of bamboo in a fire, it is then

sharpened. The loop is made of ratan (called "bejuco" in this country). The Igorrote lying by the side of the trail reaches out and drops the loop over the head of his victim, gives a quick jerk and then a shove. You can easily imagine the result. The sharp bamboo spear is driven through his neck, mortally wounding and incapacitating him for efficient defense. Again the Igorrote, who hops out from his place of concealment, with one stroke with his head ax, which is another funny looking thing like this

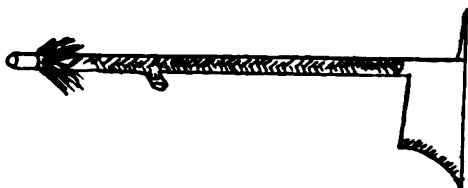


Fig. 2. Igorrote Head Ax.

completely severs the head from the body of his victim. He then sticks the spike arrangement into the skull and goes trotting serenely up the trail to his rancheria, where he takes the head to the "Jefe" or head man to whom he has previously applied for permission to marry a certain dusky, fat, chunky beauty and has been asked how many heads he has. Now one would suppose that a man would not have to have but one head, but it is not so with the Igorrote. In order to marry a girl of any prominence he must have quite a number of heads. In reply to the Jefe's question, this particular Igorrote has in all probability answered that he did not have but eight heads and had been told that he could not marry the girl unless he had one more. The above narrated proceedings are the result.

I suppose the most common everyday experience of a doctor, as well as

Only when there is malignant disease of the gall-bladder, or at least a suspicion, is cholecystotomy justifiable.—Carr, *Va. M. S. M.*

The *Va. Med. Semi-Monthly*, speaking of a doctor charging from attendance on a doctor's son, deems it lawful but inexpedient.

the most grotesque, is the seeing of funerals passing to the graveyard. As I have been writing this, one has passed my office.

When a member of a family dies, instead of the friends and relatives going into mourning they go into jolification. They set the corpse up in a chair and begin cooking up a feast. Then, when the table is piled high with things to eat, the dead member is moved up to his accustomed place and all the neighbors, relatives and friends flock in and "fall to," "eat, drink (vino) and be merry for tomorrow they may die," and I don't see what keeps them from dying tonight, when they drink the vino (which is nearly pure alcohol made from sugarcane). I have never seen any one but a native who could drink it straight. I tried it one time and could not get the stuff to my lips, it would take my breath. It is just like trying to drink chloroform. I have seen natives drink a pint at a time. Oh! this is a fine country *for experiences*. I haven't begun to tell you anything yet. But, to get back to the funeral. The people eat and drink all they can hold and then as soon as they get sober enough to walk they get down the coffin from the loft (where it has been for years, if the deceased happens to be an old man) and they put him in it, which does not shock him in the least, for he has, in all probability, slept in it for a long time prior to his death. This process will be repeated by the next oldest member of the family, if it happens to be a poor family, for in that case they do not bury the coffin but simply dump the man in the hole in the ground and bring the coffin back, regardless of disease,

cholera, smallpox, plague, leprosy or consumption.

In going to the graveyard the coffin containing the man is slung between six pall-bearers, three to a side, who have a pole on their shoulders with straps running from one side to the other under the coffin, much the same as a coffin in the States is lowered into a grave. The procession, or I should say the crowd, walk in a bunch around the coffin, laughing and talking. The only thing that has any regularity about it is the band, which always accompanies a funeral, marching behind and playing: "The Girl I Left Behind Me," "Yankee Doodle," "Hot Time," or some other such appropriate piece.

Now you may think I am lying or "loco", but I am not. Every word I say is the truth. I could write enough to fill up the CLINIC, but will stop as I am afraid that I have taken up more space than I ought to now.

I would like for some of you to write to me, especially you fellows who live in the country, as that is where I have practised most of the time and I believe if any of we doctors get to heaven, there will be a majority from the country. A city physician does not know what practising medicine means; does he Country Man?

If this dose of Experience don't kill you and you want more, just indicate the time and amount.

Vigan, Ilocos Sur., P.I. T. E. Moss.

—:o:—

Dr. Moss is a surgeon in the Philippines Constabulary, and those of us who saw the marvelous drilling of the little brown men at the St. Louis Exposition will have a peculiar interest in our com-

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The consolidation of two Virginia medical colleges has failed for want of sufficient funds.—*Va. Med. Semi-Monthly*.

An effort is to be made to induce the Virginia legislature to repeal the special tax on physicians in that state.



patriot from "Old Kentuck," who is looking after their welfare. What a wonderful country the far off Philippines is! How full it is of interesting things about which all of us want to know and about which we are going to depend upon the doctor to enlighten us. We feel sure that every one of the numerous letters which our readers are going to send him will join with us in the plea for "More."—Ed.

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#### FROM ONE OF THE MEDICAL COLLEGE BOYS.

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I am very sorry to note the heavy loss you sustained by the fire, but notice that you are still in the lead.

When the CLINIC reappeared under its new name I thought I should go ahead and gather in some new subscribers and do even better than I did last year. I am very sorry to state that I have been unable to work any in your behalf so far. The reason lies in the fact that I was selected to work up the cases to be brought up in the clinics. You know what it means to take the history of a patient, give test meals, analyze stomach contents, make tests and examine sputum, feces and urine. I hardly have time to study, but I do not forget my CLINIC. Besides, as a candidate for graduation I have been put on a "committee" so I trust you will overlook my shortcomings.

However, I do not intend to let the CLINIC go unrepresented here. I have profited by the perusal of its contents and as advocate of alkaloidal therapy had to read up to parry the onslaught of the foe. At first I was laughed at, but the ice has been broken and the CLINIC has many friends here.

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Taylor credits Burgess with discovering a permanent cure for syphilis in the bull nettle. *Summary.* Solanine is its alkaloid.

In regard to Query 4911, "Ground Itch" is a dermatitis caused by the embryos of *Uncinaria Americana* penetrating the skin. The larvae must be about four days old. The "toe itch" can be produced by tying a poultice containing the larvae on the arm. The evidences are not always anemia, pot bellies, etc., although generally they are. I spent seven weeks in South Georgia and found most any kind of symptoms, the cases being mostly diagnosed as "acute indigestion," rheumatism, and "slow fever," also malaria. The microscope is the only reliable method by which the disease can be recognized. I first used a 2-3-inch objective and they seem to be about the size of a small pea; under the 1-6 objective they appear like a small partridge egg. Thymol is the only remedy that does the work. To "get the worms" I strain the feces through an old guana sack. Be careful of the drug; 60 grains in two doses is recommended. Keep alcohol and oil from patient. I now give it in small doses and get good results. It depresses. The best thing to relieve the dermatitis of uncinariasis is strong salt water.

With wishes for a prosperous year, I remain, even if "made in Germany,"

Yours truly,

F. W. SCHNAUSS.

Atlanta, Georgia.

—:o:—

The writer is one of our medical college "boys" who has done good work for the CLINIC in Atlanta, having added many subscribers to our list from among his fellow classmates. He gives a fine picture of the work of the up-to-date medical student. How different it is from that of some of us old timers, who

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The mere condemnation of impure foods seems an inadequate punishment for the attempt to perpetrate such a fraud.—*St. L. Clin.*

remember when two identical courses of perfunctory "lectures" constituted the entire medical course.

The description which he gives of hookworm disease and the ground itch, as he has personally observed them, is a very interesting one. This disease is now known to be a very common one in the South and responsible for many of the obscure diseases which have been diagnosed as "malaria," "rheumatism," etc., just as he says. Southern doctors owe it to their patients to learn more about uncinariasis and to eliminate the infection from every place where it has appeared—for it is a preventable disease.

—ED.

#### CALCIUM SULPHIDE IN PERTUSSIS.

About eight weeks ago my little daughter three years old was exposed to whooping-cough. About a week afterward she fell ill with scarlet fever, during which I kept her saturated with calcium sulphide. She got well.

About November 23, she was again exposed to whooping cough. A few days thereafter she showed signs of having a "cold." Slight fever, nose running, dry cough and "cranky." She catches cold very easily and, upon the first appearance of a cold, she immediately gets calcium iodized, for a week. This time she was given calcium iodized without, however, breaking up her "cold." Her cough was worse, and at times appeared to be somewhat spasmodic and we soon became aware of a slight whoop at the end of one of these spasmodic coughs. I immediately dropped the iodized calcium and gave

her calcium sulphide, two granules four times a day. Her cough grew worse, until she complained of pain along the attachment of the diaphragm, and the convulsive cough shook her little body terribly. I then gave her three granules four times daily. In a few days I noticed an improvement, and she grew rapidly better until now, three and a half weeks after the first dose of calcium sulphide, her cough is gone and she is well. Her little friend, Irma, from whom she caught the whooping-cough, is still coughing and so far as I know, her parents or her physician are letting it run its course.

To sum it up: If anything, aside from nature, cured this case of whooping-cough, it must have been calcium sulphide, for she got nothing else.

My method of giving the granules is to place them on the little one's tongue, and give a little granulated sugar from a spoon. The child will then grind up the granules with the sugar, apparently paying no attention to the disagreeable taste or odor.

A question: Would it not seem as if the calcium sulphide, which she got during her scarlet fever, after having been exposed to whooping-cough the first time, had prevented an attack of whooping-cough, in view of the fact that when she was a second time exposed to whooping-cough she contracted it? And, further, in view of the fact that, after she had contracted the whooping-cough, the calcium sulphide again apparently, acted very beneficially?

G.

—, Wisconsin.

—: o:—

The calcium sulphide certainly acted

I no longer use non-absorbable ligature or suture material for purely serous surfaces. Wetherill, *St. L. Med. Review*.

She never would say she was entirely easy until I gave her a hypo of morphine "in her mind"—pure water.—Landers. *So. Clinic*.

very nicely in this case of whooping-cough, as it does in all such cases when it is given in sufficient dosage. Rarely, very rarely, complaints come to us that the drug has failed to do the work. When the cause of the failure is carefully ferreted out, in nine cases out of ten we find that the physician has failed to *push* the remedy to the point of saturation. Don't be afraid to give enough.

We have no doubt that your interpretation of the failure of the little one to "take" the whooping-cough after the first exposure is the correct one. Numerous cases have been reported in which this remedy has proven effective as a prophylactic, not only in whooping-cough but also for scarlet fever, measles and even smallpox. Read the article by Dr. Pixley in the December CLINIC, also the one by Dr. Thackeray.—Ed.

#### DIPHTHERIA, PNEUMONIA AND INFLUENZA.

After giving some of the alkaloids and active principles a reluctant trial, I. have been forced to acknowledge their wonderful power for good. I now use them very extensively with surprising results. The enthusiastic and what I branded as "highly colored" reports from the various correspondents of the CLINIC used to disgust me, but actual experience has taught me, that too much cannot be said in praise of this exact and scientific way of treating disease. I do not wish to take much of your valuable space, but the mention of a few cases may interest some of your readers.

A few months ago, I was called to attend a case of laryngeal diphtheria in a child four years old. The dyspnea at my

first visit was so great as to threaten life and I made preparations for tracheotomy. Meanwhile I gave antitoxin 4,000 units, with some relief, and dissolved twenty-four 1-3-grain tablets of calx iodata in twenty-four teaspoonfuls of hot water and fed this to the child as fast as it could swallow. In less than half an hour the improvement was well marked and in two hours the child was soundly asleep, resting easily.

I kept on giving the calcium iodized, 1-3-grain every two hours, for the next two days and the child made a prompt recovery. The heart was supported with brucine, to which I added emetine for elimination. Of course, I do not attribute all the good results in this case to the calx iodata as I am a thorough believer in antitoxin for diphtheria, but this iodine preparation will greatly aid in the treatment of this dreaded disease.

During 1905 I treated over fifty cases of diphtheria in which the Klebs-Loeffler bacillus was present without a single death, and in every case I employed antitoxin and the calx iodata with of course other remedies as the individual cases required.

During the first part of February, 1906, I was called to see a child three years of age. The symptoms pointed definitely to catarrhal pneumonia. Temperature 104° F., pulse 150. Marked dyspnea with shallow and rapid respiration. Auscultation revealed fine sibilant and also subcrepitant rales in both lungs with a few areas of tubular breathing.

The treatment consisted of magnesium citrate for the bowels; aconitine, veratrine and digitalin for the fever and equalization of the circulation (which in my estimation these three remedies com-

Hast thou a friend? Visit him often, for thorns and brushwood obstruct the road which no one treads.

The Chicago Laboratory furnishes its patrons free of charge bags for the Sahli-Desmold test for diagnosing stomach troubles.

bined in the defervescent granule do better than other drug or combination of drugs). For the cough I gave codeine with emetine and locally I applied libradol. After twenty-four hours the temperature and pulse were normal, the cough ceased to be troublesome and there was a decided improvement in the condition of the lungs. The child kept on improving and made a complete recovery inside of a week.

You will probably criticise me severely when I tell you, that in this case I gave twelve defervescent granules in twenty-two teaspoonfuls of water, a teaspoonful every two hours. I also gave gr. 1-6 of codeine every three hours. I do not believe in giving very small doses of a number of drugs, frequently repeated, in any very serious illness, because the patient's rest is too much disturbed and rest is absolutely essential to success in treatment.

Another case I must mention, in which defervescent granule, one every two hours, did remarkable work for me. This was a case of influenza in a man of fifty. At my first visit I found him suffering with intense headache and a temperature of 105° F. Had severe chills during the day, nausea and aching of limbs with soreness of muscles, etc. I cleaned out the bowels with calomel and gave the above granule, as mentioned, during the night. At my next visit in the evening I found the patient feeling fine, with a normal temperature, and soreness and headache entirely gone. I continued the remedies at longer intervals and added quinine arsenate as a tonic. The third day he was up and about, feeling apparently as well as ever. These are only a few examples of many cases treated with the alkaloids. The

more I use them the better I like them. They are certainly great life savers. They are definite and positive in action and if given with reason and deliberation they will seldom disappoint.

The CLINIC in its new form is always a welcome visitor. The present name in my opinion is more appropriate than the old.

S. G. SCHWARZ.

Granton, Wis.

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### ALL ABOARD FOR BOSTON.

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As we have noted in the editorial department of this number, the annual meeting of the American Medical Association will be held in Boston, June 5 to 8. Aside from the meetings, which are expected to be very interesting, many other features have been arranged for the entertainment of visitors. There will be special meetings at the new Harvard Medical School buildings, with music in the quadrangle, and on the terrace, and a "5 o'clock tea." Excursions have been arranged to Plymouth, Lexington and Concord and to points of interest along the seashore. After the session there will be side trips to the lakes of Maine and New Hampshire and to the mountains of Vermont, the St. Lawrence, Thousand Islands, Niagara, etc.

In Boston there will be clinics and visits to the hospitals, fine exhibits, commercial and scientific—in fact everything to make the trip enjoyable and helpful. A neat guide book with map has been prepared for visiting physicians.

A rate of one fare plus \$1 for the round trip is to be in effect over a large part of the United States, and tickets

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Sahli's Desmoid bag does away with the necessity of using the stomach tube in diagnosing gastric maladies.

A young doctor from a small town said he had in 1,500 celiotomies done 1,300 appendectomies, *Am. Gyn. Society.—Mo. Cycl.*

will be sold from June 1 to 6, good to return leaving Boston up to June 11, with an extension possible to June 30. Passengers from Pacific Coast points may have return limit extended to August 31.

The Lake Shore Railway will run a special train, a counterpart of the "Twentieth Century Limited," consisting of observation compartment car, sleeping cars, library-car, dining-cars, on fast schedule, leaving Chicago at 10:30 a. m., Sunday, June 3, arriving at Boston, Monday, June 4, at 2 p. m. Stop-over of ten days at Niagara Falls may be secured for side trips to Toronto, Thousand Islands and St. Lawrence River if desired. Write L. F. Vosburgh, General Western Passenger agent Lake Shore R. R., Chicago, or to Dr. F. X. Walls, Chicago.

If the CLINIC staff can give you any assistance, command us. Doctors, we want you to go. Let us have the pleasure of your company on this delightful trip.

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#### A FEW RECENT THERAPEUTIC POINTERS.

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Camphor in small repeated doses is said by Indian physicians to be a prompt cure for erysipelas. Spirit of camphor is applied locally also.

The fact has been ascertained beyond peradventure that iodism will not make its appearance—even when double the usual doses of iodine are given—if at the same time minute quantities of hyoscyamine are exhibited. The exact reason for this is not understood though a study of hyoscyamine action serves to throw some light upon the subject.

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The biologic series confers upon science a basis for a new pathologic nomenclature far more accurate and definite than the present.

The danger in using mild caustics, acids, etc., for the removal of warts in the aged is well understood. Gr. 2 of magnesium sulphate given with water q. i. d. and a saturated solution of the salt applied locally will cause the most inveterate warts to shrivel and disappear within a month. The same procedures will suffice for non-specific vulvo-vaginal warts and vegetations.

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#### HAS DIRECTLY CURATIVE INTERNAL MEDICATION A SCIENTIFIC BASIS?

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In a paper presented to the Dominion Medical Association in 1903, the writer advanced the view that an exceedingly large percentage of the effects from drugs introduced into the blood current are obtained through the ganglionic system of nerves and examples in support of the contention were given.

The paper appeared in the February issue of the *Canadian Journal of Medicine*, 1904, and was copied in full by eclectic and homeopathic journals of the first class in Great Britain and the United States. Little complaint can be made of its reception as evidenced by editorial comment and some encouragement to press the hypothesis upon the attention of the whole profession was received, notably in a personal letter from a veteran editor who wrote: "As sure as fairness and exact reasoning are right, you are right. Hammer away along that line, Doctor, and a hundred years from now you will be cited as one medical man who was one hundred years ahead of his age—poor satisfaction, of course, but better than none." Hence this paper.

Some homeopaths especially, will resent its title, inasmuch as it intimates

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In virtue of its vasodilator action caffeine produces a marked depression in the arterial tension.—Mirano.

that internal medication is not now upon a scientific basis, for they claim that their therapeutic method is scientific, being based upon a universal law. Eclectics and regulars freely admit that their therapeutic measures are based upon experiment and observation and in so doing have the advantage of modesty, for as a matter of fact homeopathic provings are simply experiments and the symptoms recorded are merely observations. On the other hand, however, these experiments in the form of provings having been made, and these observations in the form of symptoms having been recorded one using the law of similars within its limitations, can reason therefrom and be the first, as far as knowledge extends, to produce astonishingly curative effects with a given drug, as the writer has done more than once.

As an instance: A uterus immediately after the delivery of a placenta took on tonic contraction so abnormal as to put its possessor in agony, induce emesis and resist poisonous doses of morphine and atropine; the trouble yielded promptly to fluid extract ergot in doses of a fraction of a drop, prescribed in accordance with the law of similars. The morphine and atropine were given hypodermically.

The condition of this uterus has not been paralleled in another patient in the experience of the writer, and is so unusual that when mentioned in this Association some years ago it was received with derisive laughter. The experience has since been twice repeated in subsequent labors in the same patient under the writer's care. So that he was prepared to acquiesce in the editorial comment upon his paper made by the *Homeopathic Review* of London, England, last

September when it said: "We want a law in medicine, and homeopaths believe firmly, and in fact know that such a law exists—and that this law, the law of similars, is true." But when it is claimed that the law is universal, or true under all conditions, the writer halts, for this claim has never been proven, and before the close of this paper he hopes to demonstrate its fallacy.

The writer has for a number of years in his feeble and imperfect way endeavored to bring to the attention of the whole profession at medical associations and in journals these views:

1. Abnormal ganglionic nerve force must be present when disease manifests itself by symptoms—therefore directly curative internal medication, when efficient, acts through the ganglionic or sympathetic nervous system.

2. This abnormality may be a deficiency, an excess, or a change—therefore directly curative internal medication acts by meeting deficient nerve force by stimulants, excess by sedatives and change by alteratives.

3. Directly curative internal medication, as held by eclectics, homeopaths and many of the rank and file of the regular profession—is a fact.

1. When one looks at the thirty-eight generators of nerve energy in the lateral chains of sympathetic ganglia, the still larger mesenteric, ovarian, renal, pelvic and cardiac ganglia, associated closely as they are by innumerable nerve wires with the central exchange, the solar plexus or "abdominal brain" as it has been called, realizing that the offices of this enormous nervous apparatus differ essentially from the offices of the cerebrospinal, it is not difficult to accept the

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Caffeine stimulates the heart by reinforcing and regulating its movements, thus opposing the fall of blood pressure.—Mirano.

In patients with diseased, non-dilatable arteries caffeine increases the arterial tension—Mirano, *Riforma Medica*.

most recent pronouncement as to its functions, which are (1) To preside over nutrition; (2) to control the circulation; (3) to control gland secretion; (4) to preside over the organs of generation; (5) to control the viscera through their own ganglia; (6) to produce muscular action in involuntary muscles, causing them to contract rhythmically, as in the heart, uterus, and intestines.

This statement of the functions of the sympathetic nervous system will hardly be questioned, and if correct it is difficult to point out a function of the body not under its control. That abnormal ganglionic nerve force must be present when disease manifests itself by symptoms is a mere corollary to this fact, and the conclusion that directly curative internal medication, when efficient, acts through the ganglionic or sympathetic nervous system is an unavoidable sequence.

2. Granting the existence and offices of such a nerve force there are of course variations from the normal exercise of its functions, which may be deficient, excessive or changed. It follows that the mission of internal medication is to bring that force to the normal by meeting deficiency with stimulants, excess with sedatives and changes with alteratives.

It has been estimated that 95 per cent of the patients seen by the profession have medicine given them, and yet a careful review of the papers presented at the Dominion, American and Ontario Associations in 1904 shows scarcely 3 per cent devoted to internal medication, when serum therapy is excluded. A correspondent claims that but

one such paper was presented in British Columbia and from its teaching he had "dubbed it therapeutic nihilism." All this indicates a sad lack of faith in internal medication on the part of our leaders and would-be leaders.

It should therefore be a burning question with us general practitioners whether the therapeutic pessimism of these men justifies their thus condemning such an enormous percentage of our prescriptions as useless or worse, or is it due to their ignorance of the subject?

3. This brings us to the third postulate: Directly curative internal medication as held by eclectics, homeopaths and many of the rank and file of the regular profession is a fact.

In the opinion of the writer the hypothesis herein advanced establishes this fact and justifies the greatest optimism in reference to internal medication on the part of those who grasp its principles.

No one can successfully deny that the mesenteric, ovarian, pelvic, cardiac and cervical ganglia do almost, if not completely, control the organs with which they are associated, and by analogy we conclude that the many smaller ganglia exercise similar control within their respective spheres of action.

No therapist can think five minutes upon the subject without noting many instances where a drug shows a selective action and if the foregoing contention is right this selective action occurs through the ganglion controlling the function of the gland to which it is distributed.

The office then of direct medication is to remove functional deviations manifested by symptoms by correcting the ab-

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In most cases caffeine causes slowing of the pulse as it reinforces the vigor of the ventricular systole.—Mirano.

Colds result from disordered metabolism due to local circulatory disturbance from unusual exposure.—Wakefield, *Med. Record*.

normal action of the disturbed nerve center upon which they depend through the use of remedies that possess the power so to do.

In all probability there are drugs that will directly restore every departure from normal action of each ganglion before organic changes occur, and it is not because the hypothesis is false or the drugs do not exist that they are not known and used. It is more a want of ability to differentiate the functions of the different ganglia, than a need for drugs to influence them, that bars our progress. This is hard to disprove when one looks at the many drugs that influence a complex function and how little has been done to differentiate their therapeutic effects.

As an instance: We have *cimicifuga*, *caulophyllin*, *viburnum*, *senecio*, *aletris*, *helonias*, *pulsatilla*, etc., each having a direct influence over the sexual organs of woman. But notwithstanding recent efforts to point out their specific therapeutic effects, our knowledge remains very imperfect because we are unable to indicate which of the various ganglia generates the nervous energy that results in the performance of a given function. We are therefor still frequently compelled to use shotgun prescriptions instead of the rifle bullet of a single remedy.

Again how easy to point to the list of drugs (*digitalis*, *aconite*, *veratrum*, *cactus*, *strophanthus*, *crataegus*, etc.) that directly influence the heart and how little has been done to differentiate their use.

Possibly this differentiating process has been carried farther in connection with the nerve supply of the intestinal tract than elsewhere, for it has not only

been claimed that constipation is largely due to abnormal nerve energy generated in the mesenteric ganglia but that "The *superior* mesenteric ganglion presiding over the small intestine and the right half of the large bowel, perhaps, evacuates or forwards its contents analward three to five times daily, while the *inferior* mesenteric ganglion presiding over the fecal reservoir (the left half of the colon and the rectum) evacuates or forwards its contents analward once daily."

This definite differentiation of Byron Robinson's merely hints at the work necessary in this direction, and is a fingerboard pointing the way to perfection in the administration of drugs for therapeutic effect. Without the slightest idea of the hypothesis herein advanced our predecessors made a practical, if empirical, use of observed facts. For Geo. B. Wood in the second edition of his "Therapeutics and Pharmacology," published in 1860, wrote: "Gamboge operates more especially on the stomach and upper portion of the bowels, aloes is well known to direct a peculiar influence to the large intestines including the colon and rectum." After discussing and dismissing various alleged reasons he concludes: "The stomach and duodenum are so constituted as to be especially susceptible to the action of gamboge while they do not feel the influence of aloes; and exactly the reverse may be said of the colon and rectum. We are now in a position to say that gamboge acts upon the small intestines through the superior mesenteric ganglia and aloes upon the large intestines through the inferior mesenteric ganglia."

Hare in "Practical Therapeutics,"

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A doctor in Mexico treats measles with but four drugs—two of which—ammonium chloride and paregoric—might be omitted.

The strength of the opposition to the Pure Food Bill now before Congress is setting some people to thinking.



says, "Hey and others affirm that sulphate of magnesia is a purge by reason of its abstraction of water from the intestinal blood vessels," and Hess found that "senna produces a local peristalsis as it moves along"—so that the "black draught" of our fathers, the "salts and senna" of our mothers was none the less efficient because they did not know that magnesium sulphate acted through the sympathetic plexus of Meissner to relax the intestinal blood vessels, and senna through the ganglia of Auerbach to stimulate the muscular fibers of the intestinal wall.

Every one knows that ipecacuanha will produce emesis in large doses, and nearly everyone knows that in minute doses it will sometimes cure persistent vomiting like a charm. This last use we owe to Hahnemann and it certainly is a beautiful specimen of remedial work done in accordance with the law of similars. But Hare says, what is exactly true, that "in obstinate vomiting small doses of ipecacuanha will act as a most successful cure, *provided* that the vomiting is due, not to inflammation or excitement, *but* to depression." In vomiting from irritation ipecacuanha undoubtedly, no matter how small the dose, tends to increase the difficulty.

These facts as to ipecacuanha which is one of our oldest remedies cannot be successfully contradicted and they afford a beautiful example of direct curative effect, incidentally, under the so-called law of similars as is persistently claimed by homeopathic authorities. But unfortunately for their additional claim for this law's universality it is likewise a beautiful example of this law's limitations.

If our friends could be induced to amend their so-called universal law to read, A drug that will produce certain symptoms will cure disease having similar symptoms *when these symptoms are produced by depression*, they would have a law that would win out in the end because of its truth, whereas their present claim for universality for *similia similibus curanter* has prevented and will forever prevent its general acceptance, because of its failure under conditions other than depression.

Having presented a number of drugs in common use among regular school men, I would instance four which at various times have attained a place in the U. S. Dispensatory because of their lay reputations for direct action upon urinary secretion. They are iris versicolor, apocynum, cannabinum, asclepias syrica, and eupatorium, purpureum. They are freely used by the eclectics and homeopaths, but probably owing to imperfect pharmaceutical manipulations they are practically unknown to the regular school man of today, except in a preparation containing the four in combination. Notwithstanding, their proportions in the combination mentioned are not given and are unknown to me.

Among my first experiences was the case of J. M., male, about thirty years of age, whose father died of diabetes mellitus at the age of thirty-five. J. M. had a large quantity of sugar in his urine and his strength had been failing rapidly. As a matter of course I anticipated little if any benefit from treatment but placed him upon the preparation in question without limiting his dietary. In about one month the glycosuria disappeared, and though I kept

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Alcohol has a definite relationship to the development of general paresis, but not as a sole producing cause.—Collins, *Med. Record*.

In fully developed general paresis in no case has intensive mercurialization proved of service in my hands.—Collins, *Med. Record*.

him under observation for several months, did not return. This was several years ago and he remains so well that he acted as captain of one of our lake steamers last year, and during the present year I passed him for life insurance.

The combination has been offered the profession as a remedy for glycosuria and albuminuria, but as any one with any knowledge of pathology would anticipate, it has failed more than once in my hands to relieve, let alone cure, these conditions. At the same time it has more frequently given prompt and permanent relief, as it has in the hands of others.

As a remedy it is prescribed in doses of 15 to 30 drops, but as I have repeatedly taken it in health in two and three ounce doses without appreciable effects, I have concluded that it acts exclusively as an alterative diuretic, though the ganglia controlling the urinary secretion and its marked effects in diabetes tend to confirm Butler's pathogenesis of that disease advanced in his "Diagnostics of Internal Medicine," when he says "probably of nervous origin, possibly referable to the sympathetic system." Notwithstanding the limited field assigned to this combination I soon began to use it whenever I found the urinary secretion deranged, but should I describe the alterative effects upon abnormal urine when albumin and sugar were absent they would be pronounced fabulous, and I have enough to answer for without that. In the absence of exact knowledge of the proportions of the four ingredients of this preparation it would seem to devolve upon the profession to investigate them separately as one of my

correspondents claims to be doing; because evidence can be adduced clearly indicating that remarkable curative results can be obtained by using one or more of them in diseases notoriously unamenable to any other known treatment.

The severe losses among ourselves from septic poisoning in recent years make me earnestly wish to press upon the attention of the whole profession the marvelous powers of *echinacea angustifolia* in its cure. Laymen call it black sampson, cone flower, purple cone flower, etc., in different sections of its habitat, the western United States. Its root is the portion used in pharmacy. A conservative authority states, that "it is the remedy for blood poisoning if there is one in the materia medica," and my experience with it enables me to confirm this view unhesitatingly. I have used it in all cases of septic character happening in my practice during the last twelve years and have three times suggested its use in desperate cases occurring in the practice of as many confreres and each time with success.

It is recommended in doses of from five to thirty minims, but is thought to be non-toxic, and I have repeatedly administered dram doses every two hours for thirty-six and forty-eight hours with nothing but good effect. How can such things be truthfully said of a remedy unless it acts directly through the ganglionic nervous system to control nutrition? My practice has not afforded me an opportunity to test the claims made for it in snake bite and rabies. I therefore hold its use in these conditions *sub judice*. Believing new and useful remedies are not unfrequently injured by too broad claims being made for them I

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In pseudoremia of childhood the symptoms present a marvelous similarity to those of muscarine poisoning.—Birchmore, *Med. Rec.*

Pseudoremia of childhood: Atropine and strophanthin; salines; quick reaction, complete disappearance of symptoms.—Birchmore.

have confined its use to septic conditions and as yet have no failure to record against it.

In conclusion I beg to enter an emphatic affirmative to the question asked in the title.

GEORGE M. AYLSWORTH.

Collingwood, Canada.

### THAT "BAD NEW PILL."

*The Druggists' Circular* for February takes up with considerable strenuosity our editorial (see December issue) on an objectionable new pill which appeared in the last Pharmacopeia. The *Circular* says that the committee had not thought of setting up therapeutic standards, its function being to set up drug standards and establish formulas. Furthermore, that the new pill has been generally approved by the medical profession, as shown by its widespread use. We quote them in full:

A Bad New Pill. —Under this heading THE ALKALOIDAL CLINIC says editorially:

"A little knowledge is a dangerous thing; and the people who place a new pill on the U. S. Pharmacopeia list ought to have much more than a little knowledge before doing so. Under the name of 'pilula laxativa composita' the new U. S. P. lists a pill, consisting of aloin, gr. 1-5; strychnine, gr. 1-130; ext. belladonna, gr. 1-8; ipecac, gr. 1-16; and licorice, gr. 1-2.

"It is a badly-constructed pill. The aloin will pass muster as a rectal stimulant, the strychnine is nearly the proper dose as a stimulant to peristalsis, the ipecac is about right as an incitant of intestinal secretion, the licorice is worthless, and the belladonna enormously excessive in dosage. This remedy as an ingredient of aperient pills was introduced by Brunton, who found that a minute dose re-

moved an obstacle by paralyzing inhibition. Larger doses paralyze peristalsis and hinder the action of the other ingredients of this pill. Were the dose reduced to grain 1-32, or better, replaced by atropine, grain 1-1000, the combination would be much more effective."

THE ALKALOIDAL CLINIC should be reminded that "there is nothing new under the sun"—not even this "bad" pill. It is not new; it has been in use by physicians—numerous and reputable—for years. If it is really "bad" the medical profession ought to be so informed, for they adopted it long before the Pharmacopeia took it up.

And if "a little knowledge is a dangerous thing," no knowledge is immidentally perilous, and the CLINIC has leaned over the brink by showing a large misconception of the province of the Pharmacopeia and its committee of revision. The Pharmacopeial committee has no thought of setting therapeutic standards. Its function is to set drug standards, and to establish formulas. The last are adopted only after the medical profession generally has approved them. "The New Bad Pill" has been generally approved by the medical profession. The widespread use of the offending formula seemed to warrant its official adoption, but for the committee to have changed the formula would not have been so warranted.

The CLINIC objects chiefly to the dose of extract of belladonna. This is a question upon which opinions differ, for there is no absolute standard of dosage. Such authorities as Wilcox, Hare, Potter and H. C. Wood state that belladonna in small doses increases peristalsis, but none draws the line beyond which this effect may be reversed. Certain it is that in the minds of some reputable physicians, 1-8 grain of extract of belladonna, in this sense, is a small dose.

As to the licorice being "worthless": If the editor of the CLINIC will attempt to make a pill—or a thousand of them—each to contain 1-5 grain plus 1-130

Every alkaloid and glucoside can be used hypodermically if only suitable preparations are available.—Birchmore, *Med. Record*.

Palier contributes a second article on mice and pneumonia to the *Medical Record* for Jan. 27; of absorbing interest.

grain plus 1-8 grain plus 1-16 grain, without some building agent, he will see that *pharmaceutically* the licorice is far from worthless. And the Pharmacopeia is supposed to pay attention to pharmaceutical as to therapeutical considerations.

In consideration of the above, we will gracefully withdraw our objection to the licorice and admit that it may have some pharmaceutical value, although inert remedially; but our objection to the extract of belladonna in the pill is not touched by the *Circular's* argument. A very small dose of atropine aids the action of cathartics by paralyzing intestinal inhibition; but a larger dose goes further and paralyzes the muscular fibers, directly interfering with the action of the other ingredients of the pill.

The dose in the pill, 1-8 gr. extract of belladonna is unnecessarily large for the desirable effect and quite large enough to seriously interfere with catharsis, in many instances. The wholesale use of this pill by the medical profession proves nothing whatever, unless it is that the cathartic elements in the pill are presented in sufficient strength to overcome the effect of the belladonna. The pill would be vastly improved if the belladonna were reduced to at least 1-4 the present dose. This would allow the reduction of the aloin to gr. 1-8, which would give a more effective pill, in smaller compass.

What the pill means clinically to the doctor is what interests us; if the adjustment of the dosage is correct we believe the licorice will work just as well.

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#### A DAY WITH A COUNTRY DOCTOR.

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Do not flatter yourself that there is to be anything original in this article, for

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The *Medical Record* calls attention to the value of a therapeutic card-index for the busy practitioner to fix fleeting items.

there is not. It is simply a record of one day out here in the big West where everything is done on a great scale. The farming is measured in miles square and the wheat is weighed by the ton.

I am going to take you out for a drive, and before we get back it will be night and we shall have covered fifty miles of road. Do you see that range of hills away off yonder in the blue distance? Well, below those hills a great river runs, through a canyon so deep, that in your eastern innocence you wonder how man ever succeeded in making a road to its brink. A road, did I say? Well, hardly a road. Simply a wagon trail that winds around the steep hillsides, choosing the least precipitous benches, until it finally terminates at the shore of a broad river which sweeps on its course toward the rolling Pacific. Beside this stream are orchards of apple and peach, whose fruit surpasses even the dreams of your heyday of youth when you dreamed of apples larger and sweeter than any that ever grew upon the gnarled and weather-beaten trees in the old orchard on the farm back in Vermont, or was it Missouri? Any place, it makes no difference. You know the spot that I mean.

There are no autos here. The smell of the gasoline wagon has not permeated this section as yet, but there is a handsome span of blacks coming up the narrow village street, drawing a stout top buggy, and you feel a thrill of anticipation as you note their springy step and proud carriage. Where is the man who does not love a fine horse? All you fellows can drive your "devil wagons" that want to, but for me, give me my handsome span of blacks and a smooth stretch of prairie road to speed them upon, and

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A patient asked for a new synthetic hypnotic; doctor had never heard of it, but prescribed it; patient died.—*Medical Record*.

I am content. And so we are off.

We shall take along a small rifle, for the farmer's scourge, the ground-squirrel, is out, and we may enjoy some sport, at the same time win the everlasting gratitude of the grain-grower by slaughtering the pests. It has been estimated that each rodent will in a season, destroy eight bushels of grain. So you see that when we kill one of them we are contributing somewhat to the prosperity of ye sturdy husbandman—if you were to call him that to his face he would probably swat you with a singletree or some other equally appropriate weapon.

The first stop that we shall make is at the home of a recent settler, who has removed from his home in the river bottom lands of Missouri. He drifted into the office the day before and informed you that his wife was "sort of ailin'" and would you stop in the next time you were out that way and see her?

The home is a typical homesteader's cabin, merely a rude shack hastily thrown up of rough boards, consisting of one room only. Into this primitive domicile are crowded a round dozen tow-headed urchins, children of the settler. Upon a rude bed in one corner reclines a woman, the mother of the brood. One glance is sufficient to tell you that the "Great White Plague" has claimed her for a prey. The hectic flush, the sallow cheek, the labored breathing, all tell the story before you have even addressed a word to her. Yet the husband said that she was simply "ailin'".

"What can you do? In the face of a condition like this all the wonderful lore that you learned in college, is naught. What do I do? Simply this: "My dear woman, you are afflicted with a disease

that no medical learning can cope with. Live an outdoor life. Interest yourself in affairs of the farm and trust to the wisdom of the Almighty and the pure air of the country to restore you." What more can mortal do? To give her medicine is only to create a false hope that must sooner or later be shattered. Then what, but give directions hygienic, and trust to Nature, the old nurse, to do the rest?

We will now proceed. The road winds over rolling hills, now green with waving fields of grain. The next stop is at a neat little cottage with fruit trees in the yard, and commodious barns for the stock. The stock itself is sleek and fat. Cows with full udders stand knee deep in the grass of the pasture land and chew their cuds in a sort of contemplative mood that is really restful to see. The whole place bespeaks an air of prosperity that always marks the frugal native of the Fatherland. A hearty German welcome greets us at the door, and a mug of ice cold buttermilk is proffered by a buxom German lass, which is very grateful after our long drive over the dusty road. The patient who claims our attention this time is one whom we have just succeeded in pulling through a severe attack of typhoid.

How clean and cool everything is in the sick room. Truly these Germans do appreciate the value of cleanliness. Nowhere, at least out here in the West, do you find a filthy German family. When one of them becomes ill, it seems that the efforts toward cleanliness are redoubled. This, in itself, is sufficient to insure the restoration of any patient, afflicted with an ordinary ailment, to

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**Diagnosis:** If you see a man killing another, don't interfere until you have ascertained exactly why the murderer is acting so.

**Therapeutics:** When you go duck-shooting, never fire at a bird until you have made the calculations and know you will get him.

health. The patient, a girl of some sixteen years, greets us with a wan smile when we enter. German is a useful accomplishment in this country and you have reason to thank the old German professor who insisted upon the correct pronunciation of all those hard German words, during your student days, though at the time you thought it something of a bore. To hear this grateful German girl say, "Ich liebe dich", is compensation for all the labor that you ever employed in encompassing the anomalous construction of the abstruse German sentence. [Doctor, are you a married man? —Ed.]

What treatment did I pursue in this case? Why, bless you, the same that I pursue in all of them, antiseptics. Simply that and nothing more. (With apologies to Mr. E. A. Poe.) I have never found it necessary to resort to any other medicament than intestinal antiseptics and hydrotherapy in all my cases of typhoid, and my results have been sufficiently satisfactory, so that I feel warranted in continuing that line. Unfortunately I am not possessed of the keys of life and death and consequently lose some of my patients. In that respect I am radically different from one of your contributors of a few months ago.

The noon hour is drawing nigh, and at the next stop we will ask the good wife for a bite of lunch. This is one of the older ranches in the country and the thrift of the owner is evidenced in the growth of shade trees about the house. A genial welcome greets us as we alight and an invitation to stay to lunch is so pressing that we cannot refuse, even though we were so disposed. An elfin in brown gingham dress and pink sunbonnet is

rubbing the noses of the blacks and cooing to them in childish treble: "Good old Star. Nice old Jerry. It has been a long time since you came to visit us." That gives the whole snap away. This is the place that you are in the habit of reaching just about the noon hour, and that little Miss with the saucy brown eyes who is so well acquainted with your team is the sweetest little bit of humanity on earth to you, since the good God has denied you one of your own.

The hired man comes to take your team and you go toward the house, hand in hand with the elf in brown gingham, who is full of news about the farm and neighborhood, to all of which you are a delighted listener. For what is so musical as the voice of a child? Upon a broad, shady veranda is waiting a rustic rocker where you may sit and be cooled by the passing breeze, with the elf upon your knee, and looking out across the broad acres of waving grain, you half envy the happy possessor of all this happiness, and feel in your heart that there is no life so happy, so free from care and devoid of strife, as that of the farmer. Then perhaps you sigh, and the sigh if it were translated into words would say, "Ah, for a life like this one. Oh for a sweet little girl to throw her arms about your neck and call you 'papa.'"

The good wife calls all hands to the mid-day meal. You file into the long, low dining-room and sit at the long table with all the workmen, nor feel in the least out of place. There is none of the shoddy mock politeness of your city function. Every man is brother to every other man and they treat you as brother to them all. There are some who might object to the familiarity displayed in ad-

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Typhoid Fever: If intestinal antiseptics are useless against the bacilli in blood, how silly the hygiene of the house.

Pneumonia: Some recover without treatment or despite it; in many recovery will depend on treatment.—Le Fevre, *Med. Record*.

dressing them as "Doc," but out here it is the term nearest to the heart of these sons of toil. Personally, I had far rather feel the grasp of a horny hand and be called "Doc.," than to be greeted with all the titles of honor ever bestowed by some fawning sycophant whose heart is as false as his conscience.

Dinner over, we bid adieu to our genial hostess and her charming daughter and set out again upon our journey westward. The next stop is at a poor hut, the surroundings of which betoken poverty of the most abject kind. This place is a very striking contrast to the one we have just left. The fences are all sagging down. There is not a shade tree or a rose bush to be seen. The barn for the stock is a miserable makeshift. All about the place is a depressing air of poverty. The interior of the house is but little better. It is a house of but two rooms. In one corner stands a wretched cook stove, in the other an equally wretched bed. Upon the bed lies a woman, frail and wasted; by her side a wailing infant. The persistent cry of the babe sends a thrill of pity through your heart. Rightly interpreted that cry denotes hunger. Poor mother, wasted with fever as she is, she has no nourishment for her infant.

This is a case that makes your blood boil with indignation. This woman was confined some ten days ago, while her husband was away upon one of his drunken debauches. There was no one to attend her but an ignorant old woman who did the best that she knew. The result was what might have been expected where filth and ignorance combined ruled. The brilliant luster in the eyes, the flushed cheeks, the restless toss-

ing to and fro, the knees drawn up to relieve the abdominal tension, all present a clinical picture that can be read at a glance. The husband and father sits stolidly behind the cook stove, nor makes any effort to assist you in any way. Perhaps he does not realize. Let us hope so. The procedure in this case is obvious. We will do the thing that learning dictates should be done, but I fear that we are too late. It is with a heavy heart that we once more take the road. Alas! Life has its bitter as well as its sweet. There are many things in our profession that make us sad.

Now we are approaching the brink of the canyon, and down yonder flows the river, like a narrow silver ribbon upon a carpet of green. Gradually we wind down the steep hillside, from bench to bench, until at last we reach the sandy bottom land that borders the river. Now we are in a vast orchard. On every side lie great fields of fruit trees, laden with their promise of a bountiful harvest. The ways of the country doctor are past understanding. We have come all this way, down that interminable hill, to see an aged Indian woman who is suffering from a broken leg, caused by her horse falling with her. It is a case of charity pure and simple. Yet the doctor feels that he would be false to his vows did he not minister to this poor creature. The smile of gratitude that greets his entrance into the teepee is all the remuneration that he will ever get, but it is enough. How tenderly the country doctor goes about his work. One would think that he was ministering to one born in the purple instead of a poor savage in a dirty and foul-smelling tent.

The work over, we once more journey

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Pneumonia: Reason for the old treatment long ago shown erroneous; clinical experience still deems it of value.—LeFevre, *Med. Record*.

Measures found beneficial when pneumonia was considered a local disease, still suitable treatment.—LeFevre, *Med. Record*.

back up the steep road that leads homeward. The declining sun sends his level rays athwart the landscape and touches all Nature with a soft mellow tint. The sumac bushes by the wayside shine forth in scarlet and gold. The meadow lark is trilling his matin song and the hawk soars in the deep blue of heaven and scans the earth with keen, watchful eye. Slowly we drive homeward in the fading light and our conversation grows more subdued as though in unconscious harmony with the dying day. The country doctor relates in his calm serious way the many incidents of joy and sorrow that come to him in the pursuit of his calling; he tells of his hopes and ambitions, his trials and his triumphs, until as we approach our journey's end, I feel that there may be a worse fate befall one than being a country doctor.

CHARLES S. MOODY.

Sandpoint, Idaho.

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#### ACUTE AUTOINTOXICATION.

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The case of Dr. Good of Wilmington, Illinois, "Profound Intoxication," in the February CLINIC, suggests one I had a number of years ago.

The patient, a young lady, would be taken with violent headache, dizziness and nausea, suddenly, wherever she happened to be, passing rapidly into a state of unconsciousness, with the whole body perfectly rigid, and head drawn back, jaws fixed and eyes unresponsive to light or pressure. These attacks always seemed to follow physical overexertion, coupled with the eating of a large quantity of food. The summer I treated her,

in which she had several attacks, the food eaten was generally fresh fruit. I don't know how long these attacks might have lasted or what the possible termination would have been without treatment.

The first thing I did was to give a hypodermic of apomorphine, gr. 1-10. The young woman would in a few moments vomit up an immense quantity of undigested matter and shortly regain consciousness, and the spasms completely relax. I followed this with high rectal enemata, until complete evacuation, and then gave a sustaining and tonic treatment. Her skin at the time of the attack was always cold and clammy and the pulse rate about fifty. I have treated several children since in a like manner and with the same results. The symptomatology was the same except that the children always carried considerable temperature with extremely high pulse rate.

The young woman's family history was negative. I believe Dr. Good had a case of profound autointoxication coupled perhaps with a crippled heart-controlling center, dating from the previous meningeal attack. I believe the salvation of such cases, if they have any weakness of the circulatory system, depends on an early and complete evacuation of the stomach and bowels, especially of the stomach.

I attended at one time a young man of twenty in perfect health who had never known a sick day. Family history negative. He was suddenly, without warning, taken with the most violent spasms, recurring every few minutes. In a state of unconsciousness, kicking, groaning, biting, he would fling himself from stomach to back and reverse. These

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Difficult to determine to what extent phenomena depend on the toxemia, or on the local condition.—Le Fevre, *Med. Record*.

Pneumonia: Death is the direct effect of pneumococcal activity, not caused by mechanical obstruction.—Weaver, *Med. Record*.



spasms lasted about sixteen hours. I cleaned him out as thoroughly as I could with apomorphine, croton oil, salts, etc. The ordinary sedatives seemed to have no effect so I chloroformed him and kept him under the influence partially until the attack subsided, leaving him terribly exhausted. He has had no recurrence in three years. The afternoon he was taken sick he went hunting, killed two rabbits and cooked and ate them. In about four hours he had his first attack. Do you suppose the rabbits had poisons circulating in the blood derived from the food eaten? This was in the woods along Lake Michigan.

PAUL R. HOWARD.

Anoka, Neb.

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Just what caused this acute attack it is hard to say; but "bre'r rabbit" probably contributed his share, not through anything "circulating in the blood" but by adding more material to an already overburdened and ptomain-generating bowel.  
—Ed.

#### THE ACTION OF SACCHARIN.

Mathews and McGuigan have made a study of the action of saccharin on digestion and metabolism, which is recorded in the *Journal of the American Medical Association*. Their results are summarized as follows:

Saccharin is used in medicine solely on account of its sweetening properties. As we have shown, it has a retarding influence on the action of the digestive juices, especially that of the saliva and pancreas. Its prolonged use would, therefore, tend to produce digestive disorders. When injected into the circulation of an animal,

it produces depression and stupor, followed by labored respiration similar to asphyxia. This is evidently due to its inhibitory action on the enzymes in the blood and also in the tissues in general. This action very probably accounts for the headache and other symptoms which follow its use. Like many of the other benzol compounds, it may be considered a general protoplasmic poison, in that it inhibits nearly all the fermentative processes of the body. Consequently it interferes with and decreases the general body metabolism.

The disadvantages connected with the use of this substance are very apparent, and inasmuch as saccharin is useful only as a sweetening agent, there seems no good reason why it should be used except under very exceptional circumstances.

#### A CHANCE TO HELP A BROTHER.

A physician with incipient tuberculosis residing in Philadelphia is desirous of finding a location west in a suitable climate. He would like to establish a nose and throat practice or make a specialty of diseases of the eye but is ready to work up a general practice. He is German, thirty-six years old and wants a chance. If you know of a good opening, write us and we will communicate with the doctor.

#### PREVENTIVE MEDICINE AND THE ORDINARY PRACTICIAN.

(Footnote, page 234, February CLINIC).

So? The ordinary practitioner has little to do with and less knowledge of preventive medicine? Why should he? How would it pay him?

The greater the leucocytosis the fewer pneumococci are found in the blood and sputum.—Weaver, *Medical Record*.

Latest discoveries seem to indicate that the pneumococcus enters the lungs through the lymphatic system.—Weaver, *Med. Rec.*

I am an ordinary, country, backwood's doctor. Preventive medicine was not merely a fad, it was a passion, a frenzy with me. How has it paid me?

After a successful battle, in a case of malignant diphtheria years ago, I suggested housecleaning and disinfecting, and was dismissed with anathemas. Did the Powers That Be uphold me? Did they? Did not the Wise Man, the college graduate, speak in the ears of all the people saying, "Diphtheria is not catching"?

During an epidemic of a typhoid type of fever, did I not succeed in having many tons of the putrid refuse of the slaughter yards and the infected night-soil of a large city, by courtesy called fertilizer, removed from storage in the midst of our little village? The fever ceased. What, besides lasting, bitter hatred, was my reward?

What of that carcass which the buzzards refused and which was buried near the well to fertilize a lemon tree? When that family and two-thirds of their neighbors were stricken with fever what followed my suggestion that the drinking water be boiled if they must use it, as raw mule extract was not considered wholesome? What but insult and scorn and hot anger?

And again did not the Patriarch vow with a great and terrible oath that he would drive me out of the country because I found a possible connection, by way of cause and effect, between a fatal peritonitis and a full meal of chicken, muskmelon and pie, thrust upon an unwilling patient "to give him strength" on the evening of the fourteenth day of typhoid fever? These are but incidents.

When before a young people's society

I stated that the Law of Moses, if properly understood, was as perfect a text book of hygiene as I knew anything about; that after a careful study of the Pentateuch I was fully convinced that today, if any people would follow its teaching to the letter in the spirit of truth, that the people would in the very nature of things in four generations be exempt from all the physical ills enumerated in the twenty-eight chapter of Deuteronomy, and that the average longevity would at least be doubled; that Christ said that "no jot or tittle should pass from the law until it be fulfilled," that the laws of health being founded on natural laws could not be fulfilled without being fully kept and that St. Paul's illustrations of his statement that the Scriptures were written "for our admonition upon whom the ends of the ages are come," are as applicable today as when they were written. Also, that many of Paul's sayings, such as "to be carnally minded is death," "who soweth to the flesh, shall of the flesh reap corruption," were literally fulfilled now, day by day, in physical corruption and death.

What a tempest was raised! Did not the Pillars of the church rise up in wrath and declare the Old Testament not fit to be read, and it was gross sacrilege to construe the spiritual statements of the New Testament literally? Did not the Elders shout in concert, "The Doctor's mouth must be shut?" Did they not hire a mercenary to bring false accusations against me with promise of no cost to him and ten times over all my earthly possessions? Did they not suborn false witnesses against me and hail me before a judge whom they boasted would not clear me, no matter where

All close observers freely admit that in pneumonia the arterial tension is invariably lowered after the first 24 hours.—Weaver.

Pneumonia: All the excretions should be as sedulously disinfected and destroyed as in cases of typhoid fever.—Weaver, *Med. Rec.*

justice lay? And after the farce of a trial. Ah, I can see that gray-haired judge as he cowered and shrunk deep into the great arm chair he called the bench of justice at the gaze compelled from his unwilling purple lips: "I do not see that you have done anything worse than to warn where you thought warning was needed. I have always kept myself out of trouble. I have never warned anybody and I call myself a Christian." (1)

Then, from hence why should not my motto be "Ephraim is joined to his idols, let him alone?" They may open their sewers into their cisterns, drain their stables into their wells, let their dish-rag and their milk strainer vie with their swill bucket in sourness, let their kitchen sink reek with bacteria, they may earn the virtue of "smartness" by casting their share of life's responsibility and work onto their fellow brings in a crushing load. They may pollute every blade of grass and every grain of sand by the wayside, as well as the pavements and floors with their foulness, that the woman may have opportunity abundant to fulfil her mission by a constant endeavor to sweep them clean with her flowing skirts. The victims of the great White Plague may feed their poultry and live stock on their surplus tubercular bacilli. Their youth may be led to the gates of destruction that their feet may take hold on the path of Death from which there is no returning. Their blotched and puling offspring may swap marbles and chewing gum with their neighbors of more fortunate birth. They may dress and diet and drug themselves and their helpless children into misery and the grave. Why should I not be dumb? I sometimes (almost, not quite,

for I love the light and the truth), wish I were blind to it all.

Preventive Medicine! Thou priceless Pearl of Wisdom! Have I not suffered all things for the love I bore thee? Have they not spoken all manner of evil against me falsely for thy sake? Henceforth thou shalt be enthroned in the innermost shrine of my heart. There will I learn all I may of thy ways and thy words, there will I dream of the day when under thy beneficent rule all needless pain and weakness and ill shall for generations have been forgotten and when if a man die at five score he shall be counted as one who was cut off in his youth.

No more will I cast thee before this swinish herd who trample thee in the mire and turn again to rend me. And yet was it not said of the Great Physician, "He saved others; himself he could not save?"

Surely for five and twenty years I have fought in a good cause. I am not ashamed of my scars. Now I am weary and I fain would rest. Have I labored in vain and spent my strength for naught?

OLIVE E. WORCESTER SWAN.

Conant, Fla.

—:o:—

The fight is, indeed, often a thankless one, and one in which the doctor whose motives are of the highest, often gets decidedly the worst of it. But let us thank God that the great mission of the physician is not first of all to make money, nor even to become great in the esteem of his fellows. There is a higher standard, and that most physicians feel this and are true to it is reason enough for pride in our profession. *Ut prosim*—

Reid says intercostal pain is relieved by injecting water into the vicinity of the nerve better than by morphine.—*Med. Record*.

German experience in Africa on the whole favor the protective inoculation against typhoid with Pfeiffer-Kolle serum.

that I may do good. That's the best motto for a physician.—Ed.

### SOME EXPERIENCES FROM EVERY-DAY WORK.

Ever since I read your excellent article on "Intestinal Antisepsis" in a late CLINIC I have intended to write you and express my appreciation. I believe it the duty of every wide-awake physician to acknowledge true merit and honest effort to elevate the profession, not by the giving of hero medals on the Carnegie plan, but by frank acknowledgment expressed in words of commendation and approval. You are doing a grand work for the profession, and doing more to help along a new era than any one else I know. The CLINIC is a lever that is doing more to pry the profession out of a rut than any ten medical journals in the field.

Many years ago I formed an opinion that over ninety per cent of the ills that human flesh is heir to are caused by toxins, either from without or from within, and your motto, "clean out, clean up, and keep clean," has been the keynote to my treatment of the conditions. I secure the intestinal antiseptics in 5,000 lots and in the sanitarium we find them as staple as bread.

Some of the old "mossbacks" in the profession, who never take any medical journal but the —, would open their eyes if they could realize that such troubles as insomnia, mild cases of insanity, *petit mal* and hysteria are often cured with the sulphocarbolates. I recall one case that I feel as though you might be interested in knowing about.

In 1898 I was practising medicine in

Duluth, and one day received a note couched in about the following language: "Doctor, my wife has been under the care of a physician of the old school (Do you know what that means?) for over a year, but is growing weaker all the time and I am afraid is losing her mind. I understand you belong to a new school and I want you to meet me at my house to night at seven o'clock."

I was there and was introduced to a wife who was in bed, a daughter nineteen years of age who "had fits in her sleep," a son twenty-one years of age who was in a business school, but has "such violent headaches every week or two that he was unfit for study for two or three days at a time," and a sister-in-law (sister to the wife) who was considered a "half-wit." I spent an hour in getting the entire family history. Here it is in a condensed shape. The wife weighed about 135 pounds when taken sick a little over a year ago. She was taken with cramps, and had been in bed ever since, and under the doctor's care. The sister had been this way ever since she became a woman. The boy had been troubled with headaches ever since he began going to the high school. The daughter had been having the "fits" ever since she began to be "unwell."

I belong to the school—old or new—that believes a doctor should have his pay, and I asked the man, "What has your doctor bill amounted to in the last year." He answered promptly, "\$900 in cash and it's all paid." I then told him I believed I could cure the entire family with the exception of the sister, and I would see what I could do for her, but I wanted absolute control, and would undertake the treatment of them all for

For shock physiologic salt solution and adrenalin have come to be regarded with the greatest degree of favor.—*Med. Record.*

The pulse rate tells the temperature; the pulse strength tells the general strength; its nature may tell the disease.—Brunton.

a year for \$900, half cash on the nail and the balance at the end of the year. (He was a lumber dealer and a good, honest fellow.) He took me at my offer and gave me a check on the spot for \$450. I started in that night to earn the money.

The wife, forty-eight years of age, had suffered from constipation all her life, and for the past year her bowels had never moved except when she "took something." She had the appearance of a woman with child at full term. I had a Fairbanks scale brought in from the kitchen and weighed the woman. She weighed eighty-eight pounds, having lost forty-seven pounds in the past year, having been "bed-ridden" all that time. I placed her in a right Sims position (the only position in which you can get the full force of gravity to aid in flushing the colon) and gave her enema after enema until I thoroughly unloaded the bowels. It took nearly all night, and she became very weak and tired before I was satisfied, and begged me to wait until the next day, but I kept her encouraged by the frequent evacuations, and she was finally "cleaned out." I kept her clean with intestinal antiseptics and laxatives to assist the weakened abdominal viscera, and she made a steady and continuous gain from the start. On the third day I got her out of bed, and she weighed twenty pounds less than when I began the treatment. *She had been carrying twenty pounds of hardened feces in her colon, for God only knows how long, and was attended regularly by a "regular physician of the old school."* This woman gave birth to a nine pound boy before the year was up and the father handed me a \$20 bill say-

ing that was not in the bargain. Two weeks after the boy was born she weighed 148 pounds, had a clear, fair complexion, ate, slept, and looked well, and said she felt as well or better than she did at thirty.

The daughter inherited a predisposition to constipation, developed late and had always been sickly. She was inclined to obesity, had an enormous appetite, was lazy, and had fits in her sleep about half the time. The other half she complained of having "fainting spells." I gave her a thorough examination and made up my mind it was a case of autotoxemia with changes in the circulation at the periods to cause convulsions, although the "regular physician of the old school" pronounced the seizures a true epilepsy.

I cleaned her out, cleaned her up and kept her clean with intestinal antiseptics, had the father buy her a pony, made her ride ten miles a day, and take care of herself. Made her understand that her health depended on herself, taught her the why and wherefore of her troubles, and she got well and strong; has been a competent nurse in New Orleans this last summer, and is a strong, healthy, womanly woman.

The young man was another case of inherited tendencies, knew nothing about the laws of health, and suffered from constipation and autotoxemia, although the attending physician said this trouble was due to "overwork and hard study."

I cleaned this young fellow out, cleaned him up and gave him intestinal antiseptics, made him drink a half-gallon bottle of lithia water a day (not because I thought he needed lithia water so much

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Heat when continuously applied renders the heart feeble and ready to die; by cooling the patient you cool the blood.—Brunton.

In cardiac diastole, 16 hours of the 24, the circulation is sustained by the tension of the blood inside the arteries.—Brunton.

but to make him drink water) sent him to the gymnasium, taught him how to take care of himself, and the value of water in such cases as his. He too, made a rapid recovery, and now occupies a very important position in one of the great New York life insurance companies that has recently been in the limelight of public scrutiny.

The sister-in-law had been "weak minded, and sickly" for years, and had always been cared for as a half-wit dependent on the sister's bounty. I operated on this woman (she was thirty-six years of age), and uncovered a badly-hooded clitoris, removed a lot of hemorrhoids, cleaned out a stinking vagina, enlarged the opening by tearing through the hymen, and then "cleaned her out, cleaned her up and kept her clean." In this case as in the others there was need of intestinal antiseptics and I used them with entire satisfaction. This woman made an astonishing recovery, developed a talent for lecturing, and is now an active worker in the Epworth League.

Quite a story about intestinal antiseptics isn't it? This man had been paying for treatment by a regular physician who said I was a crank on the subject of autointoxication, and he got \$900 a year for it. I lost a good customer, for the entire bill for the following year was \$65 for his own treatment for pneumonia, but,—I got every family in the neighborhood.

GEO. D. SWAINE.

Cleveland, O.

#### **"SO SAY WE ALL OF US": EVERYBODY INVESTIGATE!**

It is now over one and one-half years since I began using the alkaloidal gran-

ules in my practice. Beginning with a few kinds I have gradually increased the number until I now use about 100 preparations and do all dispensing myself. I am a close reader of the CLINIC and have read and re-read The Alkaloidal Therapeutics several times as well as all your other works in the same line.

It is eighteen years since I graduated from Rush Medical College and I have always had a good practice. And yet it happens, too often to suit me, that I fail to get the desired action of the drugs I use. It is true that I get far better results now than before, when I wrote prescriptions to be filled at any druggist's.

So it seems to me that our real dependable knowledge of the alkaloids is not what it ought to be, and with a list of 40,000 subscribers to the CLINIC it seems that it could start a systematic study of the alkaloids. It may be that out of the 40,000 subscribers only 1000 are willing to devote some time to the study and observation of different drugs, but think of what a result we would get from 1000 observing doctors reporting every two or four months.

It could be arranged so that each observer would choose one group of medicines, astringents, anodynes, purgatives or whatever he preferred, then with The Alkaloidal Therapeutics as a guide he would make it a point to note down the *when*, the *why* and the *wherefore*, and the results from each drug he gave belonging to his group. Then at the end of each two or three months he would send in a report to the CLINIC and the material thus gathered would form a basis for a future revise of The Alkaloidal Therapeutics.

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If we allow all the blood to flow from the arteries into the veins we may bleed a man into his own veins.—Brunton.

The blood tends during life to distribute itself as it does after death; all accumulating in the veins.—Brunton.

Or it could be arranged so that after a certain number of physicians had signified their willingness to take part in these investigations the editors would give each applicant one group of the drugs—or even better, one drug to take observation on. The number of investigators would undoubtedly be so large that several physicians would get the same drug and the observations thus be more valuable.

I have, for over a year, given hyoscyamine in every case where I could possibly see any indication—and in many cases where I could not and the result is that I have learned to value it highly. In fact there are more cases of sickness, where it is beneficial, than where it can do harm. When I go back to my first years of practice, there in Chicago, I remember then the druggist to whom the majority of my prescriptions went, remarked then I seemed to be very fond of tincture of belladonna and tincture of hyoscyamus. My answer was that I found it increased the action of the other drugs [opens the way by capillary dilatation, then restoring vascular equilibrium; you are right.—W. C. A.] When this was true about preparations of such uncertain strength as the two mentioned what will it not be when I use atropine and hyoscyamine. I have not kept any notes of their action but could easily hunt up in my file of prescriptions many cases in which they have been given, but it would be better to begin anew and keep strict observations.

I hope you will excuse this long letter. It is not written for publication, but if the idea of a corps of investigators seems feasible to you, you could issue a call for volunteers in some issue of the

CLINIC. The plan could be discussed and if found advisable put in action. If it should be established, and I can be of any use in any way, please call on me. In the meantime I shall begin taking observations on hyoscyamine.

T. A.

—, Nebraska.

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Your idea is absolutely correct; but, much to our regret, our experience so far is that we have to do the most of this ourselves, gathering the best we can, the information that comes to us in unexpected ways, as in this instance. We print your letter, as received (it's a good one) and we hope that the inspiration given to the good hearts of our many subscribers will bring forth some helpfulness. Our readers are all good fellows—all hard workers, but all negligent of going on record with their experiences to help others.

For example, after a lot of pneumonia work, in view of the importance of the subject, the reply to my inquiry to have reports on results gave me many excellent letters, though more lacked the carefully detailed facts which are most important; and yet the work is going on and we feel and know that we are directing and shaping medical thought as no other movement is doing. We appreciate your interest and hope you will keep it warm and lively. We shall do what we can for you and we want you to do what you can for us and the movement. Write often and we will carry your message to the CLINIC family. Won't many others join Dr. T. in this plan of testing our remedies. Let us have a full discussion—and best of all, action.—Ed.

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The feebleness of the heart, the emptier the arteries and fuller the veins; vigorous heart action fills the arteries.—Brunton.

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As much blood passes through the muscle vessels as through those of both the skin and the intestines.—Brunton.

# AMONG THE BOOKS

## BRUNTON'S ACTION OF MEDICINES.

Lectures on the Action of Medicines, being the Course of Lectures on Pharmacology and Therapeutics delivered at St. Bartholomew's Hospital during the Summer Session of 1896. By Sir Thomas Lauder Brunton. New York, Macmillan Co., 1903. Price \$4.00

The function of the reviewer being to introduce *new* books, it may be asked why we discuss now a work issued three years ago? The reply may be inferred from the fact that the publishers issued the book seven years after the lectures were delivered. Sir Thomas Lauder Brunton has earned the highest possible repute as a therapist; an original worker and thinker, not a mere compiler. His work is "meaty." Many a man has won distinction by availing himself of the suggestions dropped by Brunton. This book has been in our hands over a year, and many "footnotes" with hundreds more awaiting their turn for publication, attest our own appreciation of the work and the diligence with which we have studied it.

The last edition of Brunton's great work on Therapeutics published in America appeared in 1889. This we have compared with the present volume. As a whole, the result is a distinct sense of disappointment. While the later book is much smaller and expressed in the easier style suitable for lectures to a class of undergraduates we close it with the feeling that the author has practically stood still during these years, so fruitful in therapeutic progress. Private

advices tell the reason—Brunton is so engrossed in the duties of an enormous and lucrative practice that he has not had time for advance work in therapeutics. In the days when civilization will be real, and not a thin veneer covering the underlying ignorance and barbarism, a man like Brunton will choose a wife from the standpoint of posterity and when he reaches his present age, will be surrounded by a group of lusty sons, on each of whom he will confer a share of the duties that multiply about a successful worker; and their young spirits will begin where their sire rests and carry forward his work. There would then be no break, no wasted energies in painfully repeating labors already accomplished.

But what we have here said is from our personal standpoint. To the practising physician who has not studied the earlier editions of Brunton we would say that he is indeed an erudite and accomplished therapist who can read any ten pages of these Lectures without acquiring at least ten new suggestions that he can utilize in his daily practice. We would be proud indeed to know of any American work on therapeutics that afforded such a wealth of original practical suggestions, as well based on sound reasoning and acute observation.

## KILMER'S EXAMINATION OF INFANTS.

The Physical Examination of Infants and Young Children, by Dr. T. W. Kil-



mer, is a very important little book in the practice of pediatry. The responses to the physical examination of infants necessarily differ from those obtained in adults. This little book calls special attention to it. It contains also sections on stomach lavage, lumbar puncture, and examination of mother's breast milk. Publishers F. A. Davis Co. Philadelphia, 1906. \$0.75.

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#### CORRECTION.

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We beg leave to correct here a mistake we made in the last CLINIC p. 258, in stating the price of that excellent English book, Hutchinson's and Rainy's "Clinical Methods" to be \$1.75, while it is \$2.50, and worth all that and more.

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#### HOLT'S DISEASES OF INFANCY AND CHILDHOOD.

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The Diseases of Infancy and Childhood for the Use of Students and Practitioners of Medicine, by L. Emmet Holt, M. D., Sc. D., LL.D., is out in its third revised and enlarged edition. It is largely and well illustrated, contains 1148 pages and an index of 26 pages.

If any specialty in medicine is justified, pediatrics certainly is, and for no better reason than that a person must be naturally fitted for treating sick children. And when one is thus fitted he or she must have a large fund of instruction derived from the experience of others, who have first studied and practised medicine of and on the adult. For we cannot begin medical studies with pediatrics, which is evident from the fact that it gives little help in adult medicine. In this respect Dr. Holt's book

impressed us as of special value for the general practitioner, besides its great fullness and admirably clear detail of etiology, symptoms, diagnosis and practice. An admirable book!

Publishers, D. Appleton & Co., 1906. New York and London. \$6.00.

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#### ABRAMS' THE BLUES.

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The Blues (Nerve Exhaustion), Causes and Cure, by Albert Abrams, A. M., M. D. This book is in its second edition.

In the CLINIC of 1904, p. 322, we recommended the book heartily for both its contents and for its diction. The main emphasis of the author, then and now, is splanchnic neurasthenia, i. e., neurasthenia originating from congested intraabdominal veins. The author's ideas will help us to understand better what the ancients meant by "atrabilious," "melancholy," "black bile," which were misnomers of incorrect theories and misplaced pathology. Dr. Abrams' ideas will be a help in treatment also.

Publishers, E. B. Treat Co., New York, 1905. \$1.50.

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#### ABRAMS' MAN AND HIS POISONS.

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By the same author and publisher and at the same price is: Man and His Poisons, or as the binder put it on the cover, "Self-Poisoning," the English for "Autointoxication." The book is supplemental to the preceding one, plus a ventilation of the authors' religious, perhaps better said "antireligious" views. Neither space, place or inclination permit us to review the latter. The author knows medicine well, but that does not

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Contract the skin and visceral vessels by irritating the medullar vasomotor center, muscle vessels prevent rise of tension.—Brunton.

In cases of shock the vessels of the intestines are probably more dilated than those of the muscles.—Brunton.

make him a theologian, any more than military generalship makes necessarily a man a statesman. The wise advice of Pliny Sr., "*Ne suter ultra crepidam*," is to this day true and needed and not followed.

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**MANSON'S LECTURES ON TROPICAL MEDICINE.**

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Lectures on Tropical Diseases, being the Lane Lectures for 1905 delivered at Cooper Medical College, San Francisco, U. S. A., August, 1905, by Sir Patrick Manson, M. D.

We have known Dr. Manson's book on "Tropical Diseases" ever since its revised edition in 1900, and have often consulted and still admire it. Between then and now much matter discovered in tropical diseases and their treatment has accumulated, which finds a place in the present valuable volume. It is especially well illustrated. Publishers, W. T. Keener & Company, Chicago, 1905, \$2.50.

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**TRANSACTIONS OF NORTH CAROLINA MEDICAL SOCIETY.**

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We have been favored with the Transactions of the Medical Society of the State of North Carolina, at its Fifty-second Annual Meeting, held at Greensboro, N. C., May 23-25, 1905, by its Secretary, J. Rowell Way, Waynesville, N. C. We are highly gratified with the papers in it, some of which have been instructive to the writer of these lines. The whole book reflects great credit on our profession in that old and noble state. Is it not right to infer from the book that where physicians associate for

mutual edification in the sciences and arts of medicine to which we have devoted our lives, then the profession at large has good cause to be proud of its members; and that when the opposite conditions obtain, the opposite results also obtain? We think so. Go on Brothers, in the same way, but the next time give us some more papers on Therapeutics, which is also a department of medicine.

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**NIEDERKORN'S HANDY REFERENCE BOOK.**

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A Handy Reference Book, by Dr. Joseph S. Niederkorn, is for the eclectic physician just what it is named. But it is useful also for the practitioner of any school if he is a real eclectic and not merely a school eclectic, one whom we would call an eclectic with a small "e." For what non-routine physician has not his own materia medica after he has left school a little while? Dr. Niederkorn's present *multum in parvo* (six and one-half by four inches, 151 pages, flexible leather covers) is a great improvement upon his "Ready Guide to Specific Medication" of 1892, which we have had in our library for many years, and not unused. Publisher, the author himself, Versailles, Ohio, 1905. \$1.25.

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**INTERNATIONAL CLINICS.**

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International Clinics. A Quarterly of Illustrated Lectures and especially prepared original articles, in all departments of medicine and surgery, by leading members of the medical profession throughout the world. Edited by Dr.

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The fall in cerebral blood pressure on standing upright is over compensated by contraction of the arterioles.—Brunton.

A hot water bag over the heart and a hot drink act both as powerful heart stimulants.—Brunton. Milwaukee please copy.

A. O. J. Kelly and a number of prominent men of the profession at home and abroad. Publishers the J. B. Lippincott Company, Philadelphia and London. 1906, \$2.00 per volume.

The present number Vol. IV., fifteenth series, is, we think, exceptionally excellent in many illustrations, and not less in its many articles immediately available in daily practice. Take for instance, Dr. Moritz Benedikt's article on Carbolic Acid in Rheumatic Arthritis and tendino-aponeurotic tissues, etc., etc., and we are not mistaken in saying that every third practising physician could make use of it at once. We happen to have known personally Professor Benedikt in the sixties of the last century, as a searching physician who is not confined to magisterial therapy in his practice. The other articles are equally as useful and available. No two dollars could be better invested by any physician than in this excellent volume.

This Quarterly seems to be a happy combination of thorough science and available practice.

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#### A VALUABLE CATALOGUE.

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Sharp & Smith, of 92 Wabash Avenue, Chicago, send us their Illustrated Catalogue of High Grade Instruments and Physician's Surgical Supplies. There is a fine index to the book which is often of great use in country practice.

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#### SNYDER'S GLAD TIDINGS.

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Glad Tidings (No. 1) How to Obtain Happiness and Health. By John J. Snyder. Second Edition. Published

by Goodman and Co., Ravenswood Station, Chicago. 1906. \$1.50.

This book of a hundred and more pages is an earnest, honest plea by the author for unconditional faith in Jesus Christ in order to obtain happiness and health. It comes in the class of books on what should be termed "religiotherapy," not religiopathy for religion is not a "pathy," a disease. As physicians we cannot safely neglect this phase of the mentality of the present age, which as Felix Adler well said, craves more for material happiness and health the less it believes in the immortality of a future life. From this politely stated accusation religiotherapists of the present are not exempted. It would not be difficult to refute their argument of whatever sect, class or clan they may be, whether positive or negative religionists. But to dislodge them from their notions is next to impossible, because of the lack of humility and the acknowledgment of human limitations in them. And when the human love of gain in the shape of "getting something for nothing" is joined in their propaganda, their case is hopeless. Of this last feature the author of the book before us seems not to be guilty and on that account we recommend it as a psychic study.

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#### FISH'S EXERCISES IN PHYSIOLOGY.

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Elementary Exercises in Physiology, By P. A. Fish. Taylor and Carpenter, Publishers, Ithaca, N. Y. 1906. \$1.50.

Admirably suited for the laboratory in every respect. The author's endeavor is to impart knowledge and to make it ineffaceable in after life. An excellent book.

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The mere tension in the vessels of the medulla acts as a regulator to the heart beats and thus to arterial pressure.—Brunton.

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The capacity to reason from cause to effect as shown in textbooks on Practice seems to have died with Niemeyer.

# CONDENSED QUERIES ANSWERED

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## ANSWERS TO QUERIES

**ANSWER TO QUERY 5006:**—I noticed in the last CLINIC that one of the brethren wanted a prescription to prevent chills in malarial fever. I live in a malarial section where I attend patients with malarial fever the whole year, even in winter, and do not remember of having a patient have more than one chill.

My treatment is calomel, rhubarb, podophyllin, aloin and any other cholagogue that my patient needs, to clear up and clean out the alimentary canal and keep it clean. Sometimes it is necessary to repeat the cholagogue several times, always followed with saline laxative for several days, and give quinine sulphate, strychnine and pepsin. Never give more quinine than the stomach will absorb. The average adult stomach will only absorb from six to twelve grains a day without being irritated. It is absolutely necessary to keep the skin in a healthy, vigorous condition. Nothing is better than a hot water bath with a pure gly-

cerin soap, rub well and dry thoroughly with a rough towel and be careful to prevent cold. By all means give patients acetanilid but anyone with malarial fever it does not hurt to combine with citrate of caffeine. It not only lowers the temperature but very materially shortens the attack by eliminating the poison through the pores of the skin.

I used calcidin in one case of membranous croup with most gratifying results.

W. M. BRADLEY.

Maysville, S. C.

**ANSWER TO QUERY 4699:**—Dr. J. T. Murray of Manchester, N. H., suggests the use of enzymol locally in this case. In the treatment of pus cases occurring in diseases of the genitourinary tract this remedy he thinks presents advantages over the curette. It is said to dissolve and digest morbid matter.

## QUERIES

**QUERY 5007:**—"Cardiac Paroxysms." Mr. J. C. is fifty years old, married, American, height 5 ft., 4 1-2 in., weight 155 lbs., complexion indeterminate. Appetite is fair, stomach all right, bowels regular, sleep disturbed. Uses tea and coffee in moderation, neither tobacco nor liquor; he is quite neurotic. His father died at 45 of bronchitis, complicated by spinal meningitis; mother still in good health at 81 years. Fifteen years ago this man had dyspepsia which lasted several years. He has always been subject to violent headaches.

His present illness began about six years ago. He had several spells of vertigo at various intervals, and one day after eating a heavy meal he rose from the table quite suddenly and a minute or two later fell backwards unconscious, cutting his head on the baseboard. He was unconscious for ten minutes, but was not rigid, nor was there any sign of convulsion. He has had no sign of this trouble since. One week after the trouble described above he was sitting in his chair when he began to feel "queer." He felt as if he had "been run-

ning hard and were choking;" his head ached violently and felt as if it were going to fly off. His wife states that his throat was full and swollen and his face pale. Since that time he has been having attacks of that character, which are increasing in frequency and in severity, and which assume two distinct types, which he calls "cyclones" and "choking spells."

The "cyclones" are much the worse. Sometimes they come on insidiously and sometimes suddenly. At times they are ushered in by a severe nervous chill. Beginning in the feet he has a sensation as if the limbs were swelling. This passes up the body until it reaches the head, where it seems as if each heart-beat could be felt like a blow from a hammer. The pain which accompanies this is always heavy and grinding in the head and at times the pain in the body is sharp and lancinating. At times there is a deadly nausea, which he compares to seasickness, but which is unattended with vomiting; also numbness of the extremities. In both these attacks and the "choking spells" he has an uncontrollable desire for ice-water applied to the head, and this seems to give him some relief.

The spells sometimes come on in the day time, but this is not very common. Usually about 9 or 10 p. m. he has one or other kind of attack, after which he sleeps until three or four in the morning, when he has another. During the day he is able at most times to attend to his business, as proprietor and manager of a factory. I examined the patient when he was feeling perfectly normal. There is nothing about his appearance to denote disease. He is a short and rather stout man, with a slightly florid face, and a quiet, pleasing manner. I saw him at about the time of his usual evening attack, but this attack did not occur, and he stated that sometimes when his mind was distracted, as then by my coming, he would miss an attack. After a thorough physical examination I found nothing abnormal except that

he had a decidedly irregular heart.

He then went to bed, and I lay down to wait for his morning attack, which came on about 2 a. m. and proved to be a "choking spell." His face and neck were deeply flushed, his eyeballs protruded and he gasped for breath, occasionally emitting a smothered, choking cough and clutching at his throat, where the blood vessels in the sides of his neck stood out larger than a man's thumb and tortuous. This condition lasted for ten or fifteen minutes and gradually left him. A headache and a feeling of weakness were all the resulting bad symptoms.

During the attack described above, his wife applied cloths wrung out of ice-water to his head and neck, as is her custom, and I gave him a hypodermic injection of 30 minims of aseptic ergot, as recommended by Livingston. He said the attack was about as usual.

To me this is a very interesting case, and I submit it, hoping that it may interest others, and that it may call out comments and suggestions which will be valuable to me in treating the case.

G. B. L., Indiana.

The description points to a paroxysmal malady, not continuous unless the spells be regarded as the accumulation of a causal toxin. The most painstaking examination of the chest should be made, the exact condition of the heart made out, and any other cause of thoracic obstruction found. Meanwhile we may well attend to the bowels, empty them and if necessary disinfect; limit the diet to the least possible bulk and avoid all heavy foods; eschew totally solids for a time; collect the urine for twenty-four hours and examine for excretion of solids as well as for albumin and casts; also see if the uric acid is suppressed, as before epileptic paroxysms. Depletion from the bowel by saturated common salt solutions would be advisable. Get rid of vascular pressure as quickly as possible, while

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Our follies give the doctors a chance to indulge in their foibles. If the world seem dismal don't cheer it with a dirge.—*Tribune*.

Many a man is laying blame against the strenuousness of life that should be charged to the slothfulness of his liver.—*Tribune*.

waiting for complete diagnosis. Any man whose heart is playing such pranks needs to have its work reduced to the minimum and that speedily. I would feel like opening a vein were I present at a paroxysm. Your subsequent treatment must be governed by the heart's condition—there may be hypertrophy, but more likely the valves leak and the organ is unable to keep up with its duties. Possibly potassium iodide may give relief quickly—it does these things sometimes.—Ed.

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QUERY 5008:—"Carcinoma." I sent you a piece of the tissue from the edge of an ulcer for microscopical examination, and the laboratory finding was "Cancer." In the interval I discovered caries and necrosed bone and concluded to operate without waiting for the report. I wrote you of the operation after receiving the report, giving size of ulcer, and also asked if it could be possible you were mistaken in your diagnosis of cancer, as the cavity from the removal of the bone was filling with granulations so nicely, and the ulcer itself had every appearance of healing. Some parts of the ulcer have healed and new skin formed to the extent of an inch or so, but other parts are stationary now and absolutely refuse to heal. The cavity is now filled to about on a level with the surrounding parts and to all appearance looks healthy. The outer aspect of the ulcer is just a little undermined for two or three inches along its border, and along the inner aspect and over the internal condyle for an inch and a half. The skin is soft and flabby and is detached from the underlying tissues to the extent of about 3-4 inch in depth from edges. There seems to be no sinus now leading to the bone and there is very little discharge. Mobility has increased in extent and patient does not complain of much soreness excepting about the edges of the ulcer where it refuses to

heal. I have used nothing but "unguentine" for a dressing, after washing with castile soap and water, and cleansing with peroxide of hydrogen. The patient is in fairly good health and goes about everywhere. I have had him on syr. hypophosphites comp. with maltine, and this seems to have strengthened him greatly.

M. G. P., New Mexico.

Under the circumstances and in view of the pathologist's report the sooner the arm comes off above the elbow the better. It is no use dallying with a carcinomatous limb, especially when the lesion takes on the character of this one. It is just possible you might have obtained healing but you would have had a later breakdown. Do not forget, Doctor, the danger of metastasis, and when you do amputate, tie off the arm absolutely and amputate well above the affected area. You might try temporarily, this dressing: Snip away any necrosed tissue or edges which are unsatisfactory in appearance, with a sharp curette scraping out under the undermined borders. Irrigate the whole area with a fairly strong solution of iodine and then with a camel's hair brush and pure medicinal turpentine paint every portion of uncovered tissue. Cover with gauze, smear with unguentine (as you seem to have plenty of the latter) and put on a snug bandage. Renew the turpentine dressing after irrigating with antiseptic solution—preferably peroxide of hydrogen—twice daily and you will find granulations rapidly spring up, that is to say, where the tissues are not cancerous. When discharge has ceased and granulations look healthy, begin to dress by the applied blood method, i. e., sterile bovine blood and iodoform gauze. This is one of the best tests of the curability of the

Better steadily exhibit things you know to be right than prohibit those you happen to think to be wrong.—*Tribune*.

To cast away a virtuous friend I call as bad as to cast away one's own life which one loves best.—*Sophocles*.

case you can get. If it does not respond to this treatment within ten days the sooner the arm is off the better and we firmly believe that the sooner you do amputate the better it will be for everybody. At the same time give him the triple arsenates with nuclein, two after each meal, calx iodata 1-2 grain, chionanthin two granules every three hours, or, you may give with advantage the antitubercular formula, alternating it, day in and day out, with the triple arsenates. We shall be indeed pleased to hear from you as to the results obtained which we trust may be eminently satisfactory and once more, Doctor, let us warn you not to be caught napping. This is a cancerous case.—Ed.

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 QUERY 5009:—"Ethyl Bromide Anesthesia. Saline Transfusion?" Will you be kind enough to inform me 1st, in regard to the use of ethyl bromide as an anesthetic: How it should be administered (properly) and what precautions are necessary to prevent or counteract probable accidents? I want to use it in place of chloroform on a man, whose sphincter I intend to dilate rapidly; 2nd, please describe the technic of administering saline infusion in case of collapse from hemorrhage or for any other proper cause. I have a Webster's saline infusion outfit, but think I do not understand the correct use of it, which is of much importance to secure success.  
 C., Missouri.

Ethyl bromide is one of the most satisfactory anesthetics for use in operations which can be performed rapidly, especially if it is desirable to have the patient in a sitting or erect posture. The use of bromide of ethyl, however, is not devoid of danger. Children bear it nicely. An inhaler may be used or a towel, folded into a cone, in the bottom of which

a little cotton may be placed. The patient being prepared—everything absolutely *ready* for operation—a dram or two of bromide of ethyl (the writer prefers two to *three* drams) is thrown upon the cotton and the patient is instructed to take long breaths; the face being covered entirely by the cone, anesthesia occurs almost instantly, certainly within thirty seconds and, during the next minute or two, operative procedures may be instituted. In dilation of the rectum, however, recovery is apt to be very prompt and as a matter of fact the operator should have the dilator or his thumbs ready *in* the sphincter and make dilatation the instant the operator says that anesthesia is complete. Chloride of ethyl is also an excellent anesthetic for these purposes, anesthesia being produced in a few minutes and recovery being rapid and unaccompanied by nausea. Chloride of ethyl is used from a glass spray tube, the spray being directed into a cone or inhaler.

The administration of normal saline solution in cases of exhaustion from loss of blood is a very simple matter. Copious enemata often serve the purpose, but intravenous injections may be required in severe cases. Provide a funnel and tube with canula and stop-cock. It should be carefully sterilized and a pint or quart of normal saline solution at a temperature of 110 or 120° F., should be at hand. A vein of the patient, at the elbow, should be exposed and should have placed under it, about one-half inch apart, two catgut ligatures; the distal ligature is then tied and an opening is made into the vein between the ligatures; a canula is next inserted into the opening in the vein, and is secured

Some temptations come to the industrious; all come to the idle. There is sweet joy which comes to us through sorrow.—Spurgeon.

Corns: Salicylic acid, gr. x; lactic acid, gtt. x; ext. cannabis Ind., gr. v; collodion, drams ij. Mix; apply after hot soaking.

in position by tying the *proximal* ligature. The canula is first filled with the saline solution, and is then connected with a funnel by means of a rubber tube, which is filled with saline solution to displace the air, and upon raising the funnel above the part the solution enters the vein. Care should be taken to see that the funnel is kept well supplied with the solution until a sufficient quantity has been introduced. The quantity introduced is regulated by the condition of the patient's pulse. Saline solution may also be introduced into a vein by means of any sterile syringe when the apparatus described cannot be obtained.

The writer has only used this method on two occasions, finding the introduction of the solution into the tissues (hypodermoclysis) equally satisfactory. The same solution as above is forced into the cellular tissues under the breasts, in the gluteal region, etc., etc., through a large hypodermic needle. A syringe may be used or a reservoir filled with the solution, may be connected with the needle by a rubber tube. Be very careful as to asepsis. Some writers recommend the external portion of the thighs or anterior and lateral portion of the abdominal wall. As much as two pints may be injected with good results, and the operation repeated in the course of a few hours if it seems necessary.—Ed.

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 QUERY 5010:—"Possible Pyelitis Complicating Cystitis." A married lady, thirty-seven years old; she has had no children, though married four years; tall and slender of body. She always has a low temperature (excepting occasionally when she has a slight fever). She has always suffered with what is called "fe-

male weakness;" and at present I diagnose her case to be a complication of ovaritis, and a mild form of endometritis and cystitis. I have had her under treatment about ten days, making but little headway. I am using alkaloidal remedies; and as I am succeeding in relieving the lady of the trouble but little, I send you in advance of this letter a sample of her urine, saved from that passed in twenty-four hours, thinking you may be able by this description and your analysis of the sample of urine, to give me a little light as to the real cause of this lady's trouble. I think that in quantity the urine is about normal, but in quality abnormal; that it contains some uric acid, or is affected by it, for which I have no way at present of testing. The heavy aching pains in the region of the ovaries, the fulness, tension and soreness in the region of the uterus and bladder, all being more painful while she is on her feet, are much relieved with hot applications, and resting in a recumbent position. The patient objects to any examination for the trouble before having received further treatment with medicine.

G. W. C., Kansas.

The report of our pathologist has gone on to you and you will note that the urine contains pus in quantity and 8 per cent albumin—the latter however, being probably due to the pus. As you did not state the quantity of urine voided each day we cannot estimate solids, which is of importance. Always state the amount passed in twenty-four hours, taking four ounces from the whole quantity. Now, Doctor, you may have pyelitis here; make a very careful physical examination and report findings. Wash out the bladder with a solution of peroxide of hydrogen (1 to 4), flush with weak boric acid solution and then throw in four ounces of a 1 to 1000 an-

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"Why should a man whose blood is warm within sit like his grandsire cut in alabaster?" May be hatching an idea.

Tickling the nose with feather or snuff to excite sneezing was said by Mackenzie to relax otherwise fatal glottic spasm.



tinosis solution. Leave this in for ten minutes and withdraw. Internally the compound formin tablet, one every three hours with arbutin, gr. 1, and a glass of barley water. Give her small doses of calcium sulphide (gr. 1-6) every hour or two and before food, juglandin, collinsonin and eupurpurin, of each two granules. Diet with care. Add brucine to the before meal medication if needed. Hot salt water enemata and, over kidneys and bladder region, hot compresses wrung out of a sol. of magnesium sulphate, oz. 1 to water one pint; adding carboic acid, gtt. 10. We think this will help markedly. Insist upon full examination, as time is of importance.—Ed.

QUERY 5011:—"Albuminuria of Pregnancy." I am sending you a sample of urine for analysis at your laboratory: Lady, age 35. Has always been healthy. Is now about eight or eight and one-half months pregnant. Has never been pregnant before. I have watched her for the past six months as, in her earlier months of gestation, some thought of a "growth" was entertained. I have examined her urine three times, the last time about two weeks ago. Specific gravity good and urea good. Little albumin was present. Yesterday she called to see me and I find a large quantity of albumin. She has given no symptoms of uremia or premonitory signs of eclampsia. Amount in twenty-four hours, three pints. Her back has always been weak and lame as she says. She is well-nourished, and a hard worker. Family history good. Her abdomen is enormously distended and I think she will bear twins. I am unable to detect two fetal heart sounds. I am anxious about her lest she shall have eclampsia. Please make an analysis of this sample and report by return mail. so I'll receive it Friday. Will you suggest treatment? I have her on ab-

solute milk diet. Forcing water also. Warm baths daily. Cathartics and salines to keep bowels active and an alkaline diuretic. She is sure she will be confined in a few days. I'll report case later if anything interesting develops.

L. L. H., Wisconsin.

The report of pathologist shows 48 ounces of urine passed per diem, acid reaction, specific gravity 1021, solids amounting in 24 hours to 1108.8, uric acid 0.04704, 25 per cent albumin, large quantities of granular and hyaline casts, leucocytes quite abundant.

No wonder you are in fear and trembling of this case. Granular and hyaline casts are abundant and 25 per cent of albumin. Be ready for trouble. Push hard, castor oil, one ounce daily, give salines, small doses of apocynin and sponge baths of a solution of magnesium sulphate (one ounce to the pint), saline enemas, etc., and have veratrine ready. Better bring on labor, Doctor, at the earliest possible moment and you will be wise to have some assistance. Chloroform will be needed here. It is probable that you have renal disease in an advanced form. We shall be pleased to have a report as to the end of this case.—Ed.

QUERY 5012:—"Calculi and Cystitis." Mrs. T., age 39, has been passing calculi from the bladder during the last two years. Found them to be uratic. All the symptoms of cystitis, such as pain, increased frequency of urination, blood in urine. Urine, sp. gr. 1020. I have been trying my best to cure her. I am washing out the bladder now; result I do not know, as not enough time has elapsed.

C. F. R., Nebraska.

It is rare for cystitis to exist with normal sp. gr. and acid urine. If you had described the calculi (size and num-

Depressant expectorants cause general weakness and nausea; render pulse feeble; antimony, ipecac and apomorphine.—Brunton.

Antimony has gone out of fashion but it is one of the most powerful expectorants we possess if you know how to use it.

ber) we might form an idea as to the presence or absence of a large calculus. Is the urine brown, smoky or tinged with red blood? Does blood follow urination? Is there pain or difficulty on micturition?

If you are sure these are uric acid concretions—smooth, reddish-brown and hard—give calcium carbonate compound, one tablet every four hours with a glass of any alkaline water; or even better, distilled water. Sodium formate, gr. 2-4 every three hours, with arbutin gr. 1. Saline every morning—one teaspoonful in a glass of hot water—will also be useful. Wash out the bladder with warm boric acid solution and follow (if any catarrhal involvement) with antinosin solution, 1-1000. Allow only barley water or distilled water to drink and give the regular diet for the uric acid diathesis.—Ed.

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QUERY 5013:—"Calx Iodata and Hypertrophied Tonsils." Kindly advise whether calcidin is known to you to be helpful in hypertrophy of tonsils with recurrent acute tonsillitis; also best method of administration. Will it blacken or otherwise injuriously affect the teeth?

H. G. L., Pennsylvania.

Calx iodata is certainly useful in hypertrophy of the tonsils, many physicians having expressed themselves as more than delighted at the results obtained. It will not affect the teeth. Do not forget to use phytolaccin in these cases in conjunction or alternation with it. Local measures, as careful gargling or spraying of the throat with glycothymoline, should always be instituted and the iodized lime may best be given (subsequent to the use of an alkaline anti-

septic) by dropping the powder upon the tongue and swallowing with a few mouthfuls of water. The usual dosage is gr. 2-3 every four hours. Look out for tubercular tendency.—Ed.

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QUERY 5014:—"Non-Depressant Analgesics in La Grippe." Could you suggest anything that would relieve the pain of la grippe and not be depressing?

R. T. G., Massachusetts.

We would strongly suggest that you always institute the entire alkalometric treatment for la grippe which is as follows: Calcium iodized one to three grains every hour, with two tablets of nuclein will usually abort; allow practically no water for twelve hours. Aconitine, strychnine, atropine and quinine arsenate, one granule of each every half to one hour until sedation and temperature falls; then every one or two hours as needed. Capsicin, one to every other dose. Flush nares with glycothymoline and gargle with same. Attend to digestion, clean out with calomel and salines and keep bowels clean with the sulphocarbolates. Omit aconitiné when fever falls, atropine when pain disappears, and leave your patient on three granules of strychnine arsenate, one of hydrastin and two tablets of nuclein before meals, three times daily. See that no constipation follows. Cannabin and atropine may often be given with advantage. Atropine in the regular treatment usually controls pain, but in severe muscular pain bryonin and macrotin may be given together with a little hot water, one granule of each every two hours to effect. Properly treated there is not any great amount of pain present in epidemic influenza.—Ed.

Alkalies increase the bronchial secretion; in tuberculosis for intercurrent pneumonic attacks. Acids lessen mucus.—Brunton.

Potassium iodide in small doses causes great secretion from the nose but large doses do not; 6 grains a day do this.—Brunton.

QUERY 5015: — "Hyperchlorhydria." Mr. R., aged 36; sparely built; nervous temperament; has been a heavy drinker. Previous health good, with the exception of indigestion. Last November he was taken with pain in the epigastrium two or three hours after eating. Vomiting of food an hour after ingestion occurring at irregular intervals. Tenderness over epigastrium was a prominent symptom; otherwise there was nothing to be learned by external examination.

After washing the stomach, a test meal was given and withdrawn in an hour. Analysis showed HCl, 0.3 per cent; total acidity, 0.6 per cent. Seven hours after ingestion of food the tube was passed and a quantity of fluid removed. Analysis showed free HCl present. Diagnosis: Hyperchlorhydria.

Treatment: Lavage every day, for four days, then every third day for three weeks. Once during the treatment I used a solution of nitrate of silver, thirty grains to the pint. Recovered it and washed out until water came back clear. For several days following this, the patient was weak, easily exhausted, troubled with coryza and diarrhea. He is all right now, with the exception of once in a while his stomach feels hot. Appetite is good but he is weak and nervous. I have him on berberine and hyoscine and 15 grains of sodium bicarbonate one hour after meals. This treatment stopped the burning for four days but yesterday and today the burning has again continued. He wants to go to South Baden, Ind. Do you know anything about the curative powers of those springs? I have stopped washing his stomach and am simply giving him the above medication. His appetite is good and bowels regular.

J. M. C., Nebraska.

If this is an uncomplicated case of hyperchlorhydria, as it seems to be, there is no need of this man's going away from home for treatment at any

"springs." The time at which the pain occurs, the diffuse tenderness, the occasional vomiting, the "nervousness," and the high acidity all point to hyperchlorhydria; the only questionable point is the finding of fluid with the tube seven hours after eating—but this was probably fluid only, or what the patient had drunk, with secretions.

Lavage is not needed in this condition and may do more harm than good. Nitrate of silver, is also not indicated in an irritative condition without inflammation. The main treatment should be dietetic, the use of alkalies at the height of digestion and reconstructive treatment generally. In severe cases a milk diet does well, but it need not be exclusively milk. Avoid all acid foods, acid fruits, condiments, alcohol, very hot drinks, in fact anything that may prove very irritant. Insist upon thorough mastication and forbid bolting of the food, or overeating. When well tolerated let him take an abundance of fat, best in the form of cream.

For the pain after eating the alkalies are indicated. Give only when pain appears—which will be one to three hours after eating. Your soda was all right but the dose was too small; give at least half a teaspoonful and repeat if it does not relieve. The soda may be given in milk if preferred. When bowels are constipated magnesia is a better antacid. If there is much irritation or vomiting add bismuth.

This patient needs building up. Brace him with the triple arsenates and nuclein, two granules three times daily. Let him take reasonable outdoor exercise, avoid all nervous overdrafts and quit his drinking.—Ed.

Squill acts like digitalis; stimulates respiration, dries up secretion, increasing the force of the heart.—Brunton.

When lungs are impeded by free watery secretion you may lessen this by giving atropine or acids; greatly relieving.—Brunton.

QUERY 5016:—"Hyperchlorhydria." I have a case of hyperchlorhydria for which I would like treatment. Man, age 35, vomits usually once daily, in the evening, the vomit consisting of water and acid. Usually there is some pain before vomiting. No pain after eating. He has severe pains over the liver by spells, but I can make out no organic disease. Weight decreasing; bowels constipated; pulse weak and irregular. I have given him Fowler's solution, tr. nux vomica, nitrate of silver, pepsin, antacids, chionanthus, cascara, etc. I have limited his diet to milk, eggs, rare or raw beef, but there is no improvement.

H. M. H., Kansas.

This may possibly be a case of hyperchlorhydria, though from your insufficient report we are inclined to think that it is not. You do not say that a test meal has shown any increase in the amount of hydrochloric acid. The only symptom pointing toward it is the sour vomit in the evening. In hyperchlorhydria there are seldom indications for Fowler's solution, nux vomica, nitrate of silver, or pepsin. Neutralize the acidity with an alkali, sodium bicarbonate or better magnesia if there is constipation; keep the bowels regular with anticonstipation granules and an occasional morning dose of saline; quiet any irritation or tendency to vomiting with cerium oxalate, bismuth or the antinausea formula; give an appropriate diet, one which contains large acid combining power. Milk diet is a good starter when there is much irritation.—Ed.

QUERY 5017:—"Chronic Poliomyelitis." I wish to give you the symptoms of a case I have and want you to answer me as to cause, diagnosis, prognosis and treatment. Symptoms are as follows: Muscles of right hand are entirely atro-

phied. The patient commenced with a pain in her right elbow, not continuously, but it would come and go. There is a slight lateral curvature of the spine to the right. The trouble began two years ago and has gradually got worse. She has no history of syphilis, nor of injury, but I noticed that she got decidedly worse after her last child was born. She does her own house work and is fairly strong. This right hand is fairly strong but the muscles are "gone." Her eyes look good, no unevenness of pupil. Circulation good and heart strong. Reflex normal.

S. M. H., Iowa.

Amyotrophic lateral sclerosis would give loss of *power* and exaggerated reflexes; and lateral sclerosis usually begins by the exhibition of loss of power in lower limbs. Neuritis might have caused the trophic changes, but if so there should have been tingling, burning or pain over course of nerve. The diagnosis here is chronic poliomyelitis (*probably*) and if you carefully note history you will find that this is correct. Note appearance of hands and test reaction to galvanic current, etc. The spinal abnormality of course must be taken into consideration, but what caused it? Look up the family history and see if there is a syphilitic taint. Of course it is just possible that the atrophy of muscles is due to some pathological condition of elbow but we fear (there being no mention of injury or joint disease) that you have a case of progressive muscular atrophy to deal with and the prognosis is bad; sooner or later the disease becomes symmetric and later the lower limbs are affected. The triple arsenates with nuclein and lecithin—one of the latter every four hours and two of the compound tablets of the arsenates with

In old people with congestion at base of the lungs ammonium carbonate gr. x—xx in water is very useful.—Brunton.

No treatment gives more comfort in laryngeal phthisis than the local use of morphine to the larynx; small doses.—Brunton.

nuclein after meals—will be the best medication. Use massage, galvanism and hot baths to limb, and revulsants to spine. A brace might help you. Improve general health in every possible way.—Ed.

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 QUERY 5018:—"Cholelithiasis with Infection of Gall-bladder." I have a case of infected gall-bladder and possibly gallstones. For many years the patient had had occasional attacks of severe pain in regions of liver, lasting for a few hours or a day. Pain ceased suddenly and generally followed by jaundice. Six years ago she moved from Kansas to New Mexico. She had a very severe attack, lasting for weeks, accompanied with irregular chills and fever. She never fully recovered, and weight reduced from 160 to 85 lbs. She was up and around most of the time but never a week passed without the chill and fever and every few weeks, more or less severe pain. She came to California about a year ago and has gained ten or fifteen pounds.

The patient came under my care a few weeks ago. The chills and fever continue and she had had one attack of severe pain. This has left the region of the gall-bladder over a space as large as one's head very sore and tender. Stools for years have been purely white, though bowels are fairly regular. Appetite is very poor. For the past two weeks I have kept track of her temperature and have found it to vary from 99° to 102° F.—often the latter. Her skin is slightly jaundiced (muddy color), and there are night sweats. No cough, urine normal, excepting that it contains bile. Gall-bladder is at times easily outlined.

T. T. J., California.

Give in this case, sodium succinate one tablet, boldine two granules three times daily at first, then four times daily and after each meal three chionanthin tablets. Every third night, give hourly for

four doses, calomel, gr. 1-6 and iridin, gr. 1-6. After six such exhibitions stop calomel and iridin for two weeks, then, repeat. Give a glass of hot water before breakfast each morning with a teaspoonful of saline in it. If this should prove too active, exhibit every other morning. If there is infection in this case rub in Ung. Credé (gr. 30), twice daily; but we fear you may have to resort to surgical procedures. If any treatment will benefit the patient the above most certainly will. For the gallstone colic give strychnine, atropine and glonoin, one granule each, with a little hot water. After the exhibition of these remedies dioscorein, three granules, may be given every fifteen minutes; in some cases the dioscorein alone is sufficient.—Ed.

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 QUERY 5019:—"Autotoxemia." Patient, white, male, thirty-six years of age, married seven years ago, 5 ft., 11 in. tall and weight 160 pounds. Family history good. Present trouble began about ten years ago. The patient was first afflicted with periodic headaches; pain seemed to range from base of skull to forehead. At first they began in the evening and lasted until about 10 a. m. next day, when they would cease voluntarily. Of late years the attacks are more frequent and severe. The whole head and part of the spine is sore all the time, but more so at times. During the last year he has taken all the coal-tar derivatives, heroin, morphine, codeine, etc., and the only drug that has any decided effect is morphine and when he has a severe attack, even the morphine fails, except in heroic doses. The patient's appetite, digestion and assimilation and elimination are normal except when affected by drugs. He uses quite a lot of tobacco (chewing), about one-half pound a week. He has stopped smoking and does not use liquors. By

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There is a real basis for the term stomach cough; the summation of stimuli brings a result one stimulus alone would not.

There is no stimulant to the respiration nearly so powerful as strychnine; two pieces of plate I owe to oxygen.—Brunton.

profession he is a dentist and is a very energetic worker.

Nervous symptoms: Pupils react to light and accommodation, Romberg negative, patellar and other reflexes apparently normal. No anesthetic areas, but one hyperesthetic area along the spine in the lumbar region. Neither the patient nor any of his family have ever been afflicted with venereal trouble.

H. W. J., Kansas.

In spite of what you say as to the perfection of elimination I am unable to see in this case anything beyond the gravity of toxemia, with exceptions at intervals manifested by congestion at the base of the brain and the upper portion of the spinal cord, these being the points of least vital resistance.

We are too familiar with the glibness with which many physicians state that the preliminaries in their mysterious cases have been complete to take much stock in it. A delegation of physicians visited the writer once and asked for help in an epidemic of malignant diphtheria, assuring him confidently that the hygienic conditions were perfect. The inspector who visited the place found a number of water closets draining into the drinking water!

Now, Doctor, have you examined the urine over a prolonged period for total elimination of solids; have you satisfied yourself that the man's stools are free from undue odor and that they do not become more offensive and lighter in color some days previous to a paroxysm? I am so certain that you will find the cause of the difficulty in waste retention, consequent autotoxemia, that I will refrain from further comment on this case.—Ed.

QUERY 5020:—"Erysipelas; Tempera-

ture 109° F. and Death." I have a case of erysipelas in a child three years old, hyperpyrexia and death on third night, temperature 109 3-5° F. Began with vomiting and temperature 103° F. I thought it was coming down with pneumonia for twenty-four hours, and, after emptying bowels, I gave the defervescent compound.

Then a redness and swelling of nose appeared, spreading over cheeks and half way over forehead. I changed to veratrine and pilocarpine (giving hypodermics on account of the vomiting), gr. 1-30 once in fifteen minutes for three doses, then 1-20 for three doses, and then 1-10 once an hour without the slightest moisture appearing on the skin. Frequent sponging with a hot solution of magnesium sulphate reduced the temperature slightly, when it would again rise higher than before, 104 2-5 at 6 p. m., 106° at 9 p. m., 108 1-5° at 12 p. m., 109 2-5° F. and death. When I found the fever at 106° F., I gave glonoin gr. 1-125 every fifteen minutes for four doses, then once in one-half hour with a cold water bag under heart and over the large arteries, with no effect.

The eruption was bright red at first, then it stopped spreading and became paler and of a dusky hue. There was a slight cough throughout the attack. Was the eruption due to infection of the brain or heart center? Let us hear from you through the JOURNAL the best method of controlling these high temperatures. One-tenth grain podophyllin has done the work in adults. I have lost three children with erysipelas within the past five years, each going rapidly along the same road and thought to be due to brain involvement. How may we most satisfactorily treat these cases?

W. F. S., Minnesota.

First of all clean out, not alone the bowel but mouth, nares and fauces; nuclein early and in full doses always; and calcium sulphide to saturation. An

All the applications of strychnine are the direct consequences of physiologic experiment (on animals).—Brunton.

I found in a German book on pharmacology and therapeutics the statement that strychnine was no use at all.—Brunton.

early and full enema of alkaline antiseptic solution is always useful in children. After calomel and podophyllin (or other preliminary alterative laxative) has been given, exhibit saline to flush the bowel and insure cleanliness of mucosa; small doses at frequent intervals will act as a diuretic which is highly desirable. Aconitine (or veratrine according to conditions) with digitalin to control temperature. Add brucine (or strychnine) after first few doses or from start if there is asthenia. Solution of the sulphocarbolates freely till stools are odorless. Locally paint the area freely with ichthyol and swab round the edges with carbolic acid (95 per cent) neutralizing with alcohol in ten seconds or so. Then cover with cotton. Pilocarpine may be pushed if control is not evident promptly. However, if the bowel is opened freely and kept antiseptic; if the local affection is treated as above and aconitine, calcium sulphide, nuclein and a heart tonic are given with oft-repeated saline draughts (sometimes from "bottle," sweetened and flavored) the disease rarely "runs away" with you. The minute control is had, give quinine and iron arsenates and echinacea and keep these up for several days in lessening doses. The right remedies in repeated small doses tell. Ung. Credé has recently given us excellent results; rub in a piece the size of a bean twice daily. Don't forget the free use of antiseptics in mouth and nose.—Ed.

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QUERY 3021:—If you were limited to the use of twenty-four drugs, which ones would you select? I am asking this same question of several other doctors

Oxygen is of very considerable service in pneumonia if one lung only is nearly consolidated.—Brunton.

and expect to use their answers in an article later on.

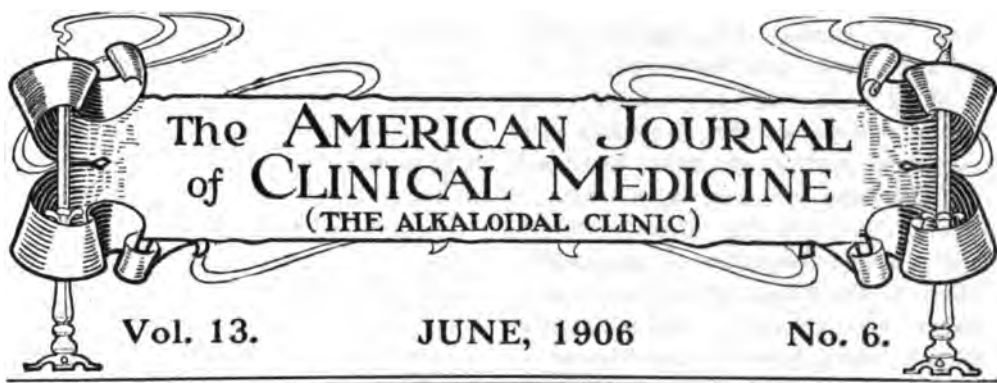
E. S. J., Ohio:

The modern physician with a reasonably full acquaintance with drug action would feel greatly crippled were he confined to twenty-four drugs. We know today, for instance, that veratrine and aconitine have each their own especial uses in acute diseases with hyperpyrexia. We might, in the same case, use aconitine at one period and veratrine at another. The same applies to the so-called "hepatic stimulants." We would exhibit podophyllin very generally it is true, but iridin would be especially indicated in chronic jaundice—and in the malarial form—also in those cases presenting ascites with duodenal catarrh and obstruction of the biliary ducts. In syphilitic torpidity and dermal diseases, iridin would give us better results than podophyllin, leptandrin or euonymin. Upon the other hand each of these drugs has its own especial use and distinct indication. If we consider the various heart tonics, diuretics, drugs influencing the gastrointestinal tract, etc., we realize that the man with the limited *materia medica* must obtain limited therapeutic results.

Perhaps the most generally useful selection (considering internal remedies only) would be, in our opinion:

Calomel, magnesium sulphate, sodium sulphocarbolate, digitalin, aconitine, atropine, pilocarpine, morphine, ergotin, glonoin, emetine, ammonium chloride, strychnine, quinine, iron, potassium bromide, veronal, hydrochloric acid, formin (urotropin), potass. citrate (or spt. ether nitrosi), calcium sulphide, calx iodata, nuclein, acetanilid.—Ed.

The time when oxygen really comes to be most serviceable is when one lung is clearing up, the other beginning to solidify.



### PERSONALITY IN JOURNALISM.

**W**ITHOUT a strong, vital personality behind it no journal can command much attention or influence. It is not enough to print entertaining or learned articles by distinguished men. Journals like men must have souls; without a warm, strong, courageous, passionate human soul in it the journal is commonplace and characterless, and the editor is the soul—he must be moved by a dominating purpose or inspired by high ideals. It is not enough to say something cleverly; he must have something to say, and must say it with clearness and force, and above all with conviction. He must be in deadly earnest, so filled with his subject, so determined to be heard that it is as hard to stop him as to dam a Niagara.

• It isn't always what such a man writes. His literary style may lack elegance and finish—though never force; this would be an impossibility! His greatest strength lies in the fact that he is able to inspire enthusiasm in others, in his associates, his contributors and best of all in the readers of his journal. It's a strange thing, but such a journal carries from cover to cover that peculiar elusive something which we recognize in this man, call it what you will—personality, magnetism or something else.

There is a "communion of soul" which seems to be handed on from editor to writer, from writer to reader. It's real but intangible; yet a force which, properly directed, inspires every reform and moves the world.

Explain it? In our opinion it is the inspiration of conviction! No man can wield this influence who is not thoroughly in earnest. He must believe and feel every word that he says. No man who lets this conviction sink deep into his soul, and is brave enough to be true to it, need fear that he will be without an audience.

What personality can do for a journal was illustrated in the *Medical Mirror*. Love's happy, sunny, optimistic personality made every reader eager to get the cover off and at the contents. It wasn't a mere matter of entertainment either—the influence of that big, warm heart and hopeful nature was worth more than many a dose of strychnine in encouragement and resourcefulness. In loving remembrance we pour a libation to his spirit today.

The same is true in as many different ways of every other medical journal which wields an influence. Who ever thinks of *American Medicine* without recalling the biting criti-



cisms of Gould; of *Medicine* without the keen scholarship of Moyer; or of the *Critic and Guide* without recognizing in Robinson the physician's earnest friend and fraud's most implacable foe? In these journals, as in scores of others, there is a real "man behind the gun"—not a negation of personality. There is too much namby-pamby journalism, without purpose and without influence, which bows to every breath of doctrine, always follows and never leads, and has but one controlling motive—to somehow "make money."

In medical journalism we have also the "man with the muck rake." Pity is that there is ever need for raking in the filth, and worse pity that there are those who grovel in the dirt from choice, who are willing to vilify and traduce the characters of other men whose motives may be higher than their own. The stock in trade of such is not "personality" but "personalities." This JOURNAL's rule for personalities is—Cut it out! When some misinformed and wrathful contemporary wastes space lambasting us, we sometimes yield to the old Adam sufficiently to indite a reply that burns holes in the paper and makes the entire office smell of brimstone—but rarely do we mail and never print it, except in an attenuated form which takes the style of gentle reproof to the erring sinner rather than one of fierce denunciation.

There is a new issue in journalism today. Some one has made the bold assertion that the independent journal is doomed, that it will be replaced by the state journal. The absorption of the *Medical News* by the *New York Medical Journal* and the change of *American*

*Medicine* from a weekly to a monthly, seem to give some present-day color to the claim. But not yet, Brother! not even "soon!" State journalism is a good thing and we approve of it as a means of unifying the local profession and preserving its society archives in a form to do the most good to the largest number. But its vitality, as journalism, rests upon exactly the same basis as does independent journalism—after the annual subsidy which keeps the wheels of the society organ greased has been subtracted (or added as the case may be). There must be an enthusing personality in it, and a mere wire-pulling medical politician is not necessarily the heaven-born editor which every one of us fondly hopes that he is. When Jones of the *California Journal* takes pen in hand we all wait to see what he will say next. But while the Joneses are only less numerous than the Smiths, and whether we approve of him or not, there is only one Jones!

No—you can't wipe out the independent journal without getting the permission of the independent editor and the independent doctor, its reader. And there will be things for him to say—wrongs to right, excesses to be abated, injustice to be fought, reforms to be advocated—till medical science has been swept off the footstool by the triumphant dominion of the millennium.

And—we have something to say ourselves. So long as we believe that *Medicine* still falls short of the high ideals that are hers, of the possibilities in the healing and relief of the sick which are within her reach, we shall fight, *fight*, FIGHT!—for a truer and a better therapy, one which shall deserve the confi-

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The smoke arising from burning leaves of some species of *datura* seems to give great relief in asthmatic paroxysms.—Brunton.

Copper, zinc and tin cause powerful contractions of blood vessels; platinum also if 1 to 5000 solution or stronger.—Brunton.

dence of every doctor and which will eventually come to its own—is coming to its own right now.

The work is a grand one, a work which must be done, and to which we propose to continue to dedicate heart, brain, nerves, yes, and “*nerve*,” for all time that is given us, and when our hand fails the work will still go on for there will be found stronger, better and abler men to do it.

For this we want, and know we shall have, your help. We need your aid and cooperation as much as you need ours. All of us need more of the personal power and resourcefulness born of earnestness and conviction.

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#### HOW WE PROGRESS.

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Emerson says: “All our progress is an unfolding like the vegetable bud. You have first an instinct, then an opinion, then a knowledge, as the plant has root, bud and fruit. Trust the instinct to the end, though you can render no reason.”

And that at least is what our progress should be. A thought, an impression, a mere instinctive hazy notion, comes to us—whence? It remains with us, lodging among the flotsam and jetsam in our subconscious rubbish-yard. Gradually it assumes more definite consistence, burgeons into shape, with proportions. Other ideas and things fall into harmony with it, modify it, bring to light unexpected limitations and extensions. Finally it stands revealed as an entity, like a fossil skeleton—it may be still imperfect, yet having enough of its dimensions visible to enable us to supply the missing parts. Then is the time to make our find public to the world, and not till then. Un-

fortunate he whom the stress of circumstances or unlucky haste impels to display his megalosaur while it is as yet incomplete, with the rebuilding not fully warranted and proved. Contumely is his portion, instead of the acclaim due to well cogitated and matured products.

In this latter day we hear exceeding plenteously of the beauties of diagnosis, of the necessity of laboratory methods and the heinousness of trusting to that nebulous thing, therapeutic instinct. Granted. There is nothing of the precision, of the insight, afforded by modern laboratory methods that the modern clinician can afford to forego. To “guess” at a coma when the urine reveals acetoneuria is unpardonable. Brilliant intuitions are not to be compared with chemic certainties. But—there are other things.

Time is life—sometimes, and the time spent in the laboratory may see the line of life snapped. Too close study of microscopy may lead to neglect of the macroscopy; devotion to the minutiae of a part prevent proper consideration of the whole. And what is all diagnosis worth if following it—or preceding it—there be not a mastery of modern therapeutics to render diagnostic acumen virile? If knowing what should be done we are not able to do it?

Whatever may be the fashion in influential circles, whatever the form of foreign-born snobbery, an emasculated science will never appeal to the great body of the American people, as represented by the medical profession. And the time will never come when there is such a perfection of our science as will do away with every opportunity for those brilliant intuitions that leap at a bound over the chasms of ignorance, and

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Very dilute potassium solutions cause dilation of blood vessels; stronger than 1 to 4000 cause contraction.—Brunton.

Nicotine in 1 to 10,000 solution contracts blood vessels temporarily; 1 per cent causes immediate dilation.—Brunton.

by the daring of chance pluck the flower of safety that must surely have been lost before slow certainty had blasted a road to it. Granting that such intuitions come most frequently to the most thoroughly proficient, there remains somewhat of possibility that relates solely to the type of man concerned—things possible to one would be beyond the powers of another.

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### THE FUTURE OF PHARMACOLOGY.

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In the *Journal of the American Medical Association* for April 1, 1905, appeared an interesting paper upon "American Pharmacology." It described fluid extracts, originating with Wm. Proctor, Jr., in 1857. These preparations possessed a distinct advantage over their predecessors in uniformity of strength. They also gave the large manufacturers control of the markets, since the extracts could be made more cheaply on a large scale.

This control the manufacturers utilized to introduce new remedies such as the elixirs. These became quite popular for a time, but were pushed to such an extent that they finally acquired the reputation of sacrificing therapeutic efficacy for pharmaceutic elegance. The writer tells us that they are now but little used.

We have elsewhere recorded our objection to these preparations on the ground that they arouse and develop a taste for alcoholic stimulants. We are very glad to know, therefore, that they are now but little used, and we trust that this statement is strictly correct, and does not apply solely to their prescription by the physician.

This species of pharmacy, however, was certain in time to prove self-destructive, because it was impossible for the physician to bear in mind the numberless variations of the elixir competing for his patronage, while the burden to the retailer of carrying in stock a hundred preparations of which but one or two might be called for within a year became insupportable.

By devious ways, by slow and painful approximations, blindly groping towards an unknown goal, pharmacy and medicine have been progressing toward the one true and final object, the single active principle. Now that we have reached this point, we can see clearly that every advance was in this direction. Here we have at last struggled through the morass and found a firm footing. We touch the absolute here, and realize that at last the final step towards therapeutic perfection is within reach.

Henceforward the sciences of physiology, pathology and therapeutics become blended. Physiology records the normal functions of the living body, into which, at last, we are obtaining a true insight. Necessarily, pathology detects the slightest deviation from the normal, and this creates a demand for the means of rectifying this abnormality. This demand must be met by a careful experimental study, not only of the alkaloids now in use but of the numerous others that have been isolated (roughly grouped according to their leading characteristics, but not yet so studied as to their particularities), that we can apply these to like conditions recognizable in the clinical field.

What an ideal to work for! What

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Atropine 1 to 100,000 temporarily contracts blood vessels; 1 to 10,000 contracts then dilates; 1 to 5000 permanently dilates.

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Arsenic paralyzes vasomotor nerve ends apart from action on the contractile walls or nerve centers.—Brunton.

glorious possibilities open before the mind's eye. With what renewed zest we turn to our physiology, and treasure every slightest morsel of additional knowledge which may be contributed, to clear our insight into the workings of this marvelous structure, the human body.

Such knowledge is no longer a matter for the dilettante, to be viewed with philosophic indifference by the scientist pure and simple, on whose tympanum the wails of the suffering cause no sympathetic vibration. Now he recognizes in every item of such knowledge a new chance for relieving the suffering, checking the progress of disease, and prolonging useful, enjoyable life. The study of physiology is vivified, therefore. It becomes something which, in the language of the day, we need every hour and every minute "in our business."

Unlike most ideals, this one is within our easy grasp, and all that is needed is that we shall realize this, that we shall stretch out our hands to pluck the fruit dangling so enticingly before our eyes.

#### ANOTHER PHASE OF THE PROPRIETARY QUESTION.

There is at least one phase of the proprietary question which we believe has not been seriously considered. And that is, that while every effort is being made by some of our earnest and really conscientious, though misguided, workers to destroy the faith of the profession in practically all remedies of this class, and to bring them into ridicule, practically nothing has been done to provide satisfactory substitutes for them, except to make the suggestion—an excellent one,

too—that physicians should familiarize themselves with the official and semi-official preparations contained in the Pharmacopeia and National Formulary.

In making this suggestion they forget to add that a very large share of these "official" preparations are old proprieties under other names—from the celebrated powder of that roystering old buccaneer, Samuel Dover, down to the popular analgesic of that suave and gentlemanly modern "pirate," Frank Ruf. In other words, the great "reform" consists in the denunciation of such remedies as antiphlogistine, arsenauro, bromidia, lactopeptine, Fellows' hypophosphites, and Hayden's viburnum compound, while the use of practically the same things under other names is suggested or advised! In some instances the very formulas are used that proprietors have been persuaded to divulge or that analytical chemistry has elucidated.

There is a reason for the popularity of the proprietaries. Whether many of these were "wonderful discoveries" or not, they have enabled the average physician to secure results more satisfactory to himself and his patients than he was able to secure without them. Very, very few medical men are able to extemporize prescriptions which at the same time are effective, palatable and not uselessly polypharmaceutical. All doctors ought to be able to do this, but they are not—and whose fault is it? And even if they were, who but the sheerest crank would claim that he could properly write for, or the average druggist dispense, substitutes as elegant, as cheap and withal so satisfactory as many of the best type of the proprietaries? It is best to look all these facts squarely in the

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Splanchnic nerves are vasoconstrictor; motor muscle nerves vasodilator, stimulating vasoinhibition.—Brunton.

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Physostigmine causes rise of blood pressure by inducing tetanic contraction of intestinal musculature.—Brunton.

face and to be sensible in our conclusions.

It is a notorious fact that thoroughness of training, practical training, in the pharmacy and pharmacology of even the simpler remedies, is almost totally unprovided in our medical schools. It is therefore the most natural thing in the world that physicians should use remedies which fill this educational gap and enable them to get results, which they otherwise could not. Furthermore, is it not their duty to use the best things of which they know, while striving all the time to learn of better things? Is not the physician culpable who neglects to do this?

Advertising may sell a worthless preparation, but it cannot create a *permanent* demand for it. While there are, doubtless, many physicians who use their remedies automatically and never know whether they are getting results or not, this cannot be said of the great bulk of American practitioners. The average doctor is a shrewd man and demands his "money's worth." The remedy must show merit or he will not continue to use it. At the last analysis it is the clinical test which counts—and no "reform wave," however energetic and earnest the reformers, will ever destroy or greatly cripple the proprietary business *until better remedies are provided and physicians are taught how to use them intelligently.*

The great need of the day is not so much destructive criticism as constructive work. This must commence in the schools. The teaching of therapeutics must be raised to a higher plane, must have the best energies of the most brilliant men in the faculty, must be carried through the college course, must have

as much time (or more) allotted to it as to any other branch, must consist not only of general information but also of the most exhaustive study of details concerning the physiologic action of medicine, its use in varying conditions, its forms of administration, its proper combination, and most important of all there must be bedside study of drug effects; the physician must have clear-cut ideas concerning his remedies, must know what effects are to be secured, and then how to secure them. The *summum bonum* in medicine is to cure or relieve disease, *cito, tuto et jucunde*. Bacteriology, pathology, nosology and all other "ologies" without this single aim are but dead sea apples.

It is our conviction, born of a knowledge of the wonderful results which can be obtained and are being obtained when this single aim is kept constantly in sight, that this will lead inevitably to a wider and wider use of the alkaloids and active principles—the purest possible remedies of the most definite strength. Simplicity, uniformity and activity are the great desiderata in our remedies, and these can be secured in no other way. To be able to recognize promptly the nature of a diseased condition, to know what remedy will reach that condition, and to have at hand the remedy in the most efficient form—those are the three legs upon which all successful practice must stand.

And so we repeat. The best way to deal with nostrum abuses—so called—is to raise the therapeutic efficiency of the individual physician. It is of far less importance to attack the nostrum and its maker; for if we *should* be able to destroy this business among us, we

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Chloral lowers reflex excitability of vasomotor center more than it does the blood pressure; alcohol lowers both.—Brunton.

Both the normal tone and the reflex excitability of the vasomotor center are greatly increased by strychnine.—Brunton.

would but drive it to the laity where it could no longer be kept under control and be made really helpful instead of harmful to the profession. We are seeing illustrations enough of this, in Marchand's hydrozone and glycozone, Ruf's antikamnia, Scott's emulsion, etc. When the physician can get better results with ethical preparations than he does with the nostrums, the latter will gradually drop out of sight; but not till then. The best of the proprietaries will survive, while the intelligent physician will have no use at all for those which have no demonstrably valuable remedial action.

We need to take a higher stand on this question than one of mere negation, which inevitably leads to a lamentable condition of distrust of all medicinal measures—nihilism. We have been tearing down long enough. Isn't it time that we commenced to build? That has been and will continue to be the mission of this JOURNAL. The work is big enough for all of us. Let us all concentrate our energies to its accomplishment. We invite the cooperation, through our columns, of every conscientious thinker and worker, whether he agrees with us or not.

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#### A REMARKABLE STATEMENT FROM A GREAT AUTHORITY.

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It is but a single sentence, but considering the source from which it emanates, there is a world of significance in it. We who follow the signs of the times and watch the straws, know that the movement towards the active principles, toward definite, exact therapy, is gaining adherents at a marvelous rate, and not only in this country, but in Germany,

France and Great Britain. But still we were not prepared for the admission which our eyes encountered in a late number of the *British Medical Journal*. In its issue of March 24 (page 686) that journal says:

"There can be little doubt that in the long run plants *will cease to be used as remedial agents* and will be replaced by *manufactured substances of fixed composition*."

Who would have expected it from this, the most orthodox and most scientific exponent of medicine the world knows? But the world does move. What will then become of the numerous galenical standardized and non-standardized preparations? And what will our friends do who advise us to go "back to nature," and use the plant as nature created it? (Unfortunately Nature does not create the medicinal plant of uniform strength.) Too bad. But, we shall not block the wheels of the chariot of progress, you shall not put barnacles on the ship of exact and definite therapeutics. Ten years hence American obstinacy will yield and then the CLINIC may be pardoned for saying, "I told you so."

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#### DIGITALIN.

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It seems that the last word will never be said about digitalis. Not a month goes by but that some articles appear containing information too valuable to be ignored. Recently some attention is being paid to one of the most important considerations that could possibly be discussed in regard to this important drug, and that is the solubility of the various preparations, and the time it requires for each to act.

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The enormous food adulteration in Chicago does not warrant the statement that thousands are being done to death by it.—Whalen.

In 50 years the average age of Chicagoans at death has risen from under 14 to nearly 32 years; with 7 times the population.

Under whatever name it may be furnished, the crystalline digitalin is digitoxin, the most powerful heart tonic and vaso-constrictor, the least soluble, the slowest to manifest its action, and the most dangerous, of the digitalis glucosides. Injecting it hypodermically into a cat, Fraenkel found that the effects were not evident until sixty hours had expired. The dose for an adult man is from 1-300 to 1-1000 of a grain.

Digitalin is somewhat more soluble, and its effects are manifested in twenty-four hours after hypodermic administration, according to the same authority.

Digitalein, the so-called Germanic digitalin, is the most readily soluble in water of the entire group, and its effects may be manifested within half an hour after its administration hypodermically, or when absorbed from the mouth or the stomach, if dissolved in hot water. It is the least powerful of all these glucosides in so far as relates to the property of increasing vascular tension. For that reason, it is the safest of all. This property is so pronounced in digitoxin that it may completely stop the excretion of urine, preventing its own excretion, and determining cumulation, which may prove fatal from a single dose. This explains why we have always insisted that from Germanic digitalin we obtain all the heart-tonic value of digitalis, far more quickly and safely than from any other preparation of this drug.

But it is claimed that Germanic digitalin is much weaker than the other heart-tonic principles. This involves a curious misapprehension as to the meaning of the term "weakness." Is a drug weaker simply because it requires a larger dose? A teaspoonful of dilute hydrocyanic acid

would probably kill a person so quickly that he would scarcely have time to remove the spoon from his lips. Would you call that a weaker remedy than tincture of aconite, with a dose of five drops? Germanic digitalin requires a larger dose than digitoxin, but all the beneficial effects obtainable from the one can be secured from the other.

One of our friends tells us that he has found, in cases of extreme need, that the desirable degree of heart tonicity required of Germanic digitalin, requires doses of 1-4 to 1-10 gr., three times a day. He suggests that it be put up in granules much stronger than those now supplied. To this we most emphatically and heartily object. We cheerfully grant that doses of 1-4 gr. or even more, may be required, and should be given when required; but there is not a drug in the materia medica which requires more careful and accurate dosage than digitalis. Exactly enough must be given to balance the defect in the heart's power, bring the relaxed vessels to normal stiffness and restore equilibrium to the circulation. Too little will not accomplish the object; too much will oppose an obstacle to the heart by unduly narrowing the arterioles, and thus defeat the object for which the drug is given.

Since we have a preparation whose action is manifested in half an hour, we can readily give the small dose of a single granule, in hot solution, and repeat it at that interval until we have produced exactly the effect we wish. When this has been done, and the effect proves to be fairly uniform from day to day, we may for convenience take the number of granules required for twenty-four

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Since the writer came to Chicago its average life has risen from 24 to 32 years—but we are not at all stuck up.

Since we came to Chicago the average annual mortality has sunk from 20.09 to 14.71 per 1,000. Shortsighted Philadelphia!

hours and administer them in three or even two daily doses, since digitalin is a drug whose effect is quite well sustained over a considerable period. But it is rare indeed to find any such case, which requires more than five granules t. i. d. for a few days, and after that three granules twice a day for an unlimited period thereafter.

One exception is to be noted: If we desire to use digitalis as a hemostatic, especially to check capillary oozing, digitoxin is the preparation *par excellence*, and next to it comes the true digitalin. But this is only an apparent exception, for nobody wants to use digitalis as a hemostatic, when he has learned the vastly superior qualities of atropine and hydrastinine. It is just a little inconvenient if a patient is bleeding to death, to wait sixty hours for a medicine to act, when we have in atropine one which is not half a minute in getting to work.

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#### "AUTHORITIES."

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Among our valued contemporaries is one which in days gone by enjoyed a unique reputation as a purveyor of useful information to the medical practitioner. Of late its editorial utterances have smacked strongly of the pessimism until recently prevalent, but now rapidly becoming obsolete. In a personal letter to the editor, we asked the reason of this deterioration. He replied by stating that the "authorities" sustained the position he was taking.

Who are the authorities?

In this day of specialism, we are constantly confronted by that wise old remark, that no man can serve two masters. Consequently, when a physician

devotes himself entirely to the literary aspects of his profession, he turns away from the practical side. Every hour he spends with his pen is that much abstracted from his patients. The editor in question never did a week's practice in his life, consequently, his overweening dependence on the "authorities" is not corrected by knowledge to be obtained only in the sick-room.

Among the "authorities," who write text-books, there is one notable, oft-quoted man who to our knowledge had issued at least half a dozen books on medicine before he had ever attended a patient. A gray-haired old Southern physician perused with interest the article on malarial fevers, in a very popular work on the practice of medicine. Closing the book he handed it back to the writer with a sigh, and remarked, "He certainly writes a mighty fine article, but he doesn't know anything about malaria." Not an American text-book on medicine has been written in fifty years by a man who had any practical acquaintance with yellow fever, or at least enough to entitle him to be looked upon as an "authority" on that disease.

A physician who had been seventeen weeks a patient in John Hopkins' Hospital, assured the writer that neither he nor any other patient with whom he had come in contact during that period, received any other drug medication whatever excepting hydrochloric acid and nux vomica. As might be expected, the men who most loudly condemn the use of drugs are those who, making no use of them, have no real knowledge of the articles they condemn.

The bulk of all medical text-books consists of compilations. Not a man

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Strychnine widens the field of vision, renders sight more acute and increases capacity of vision for blue.—Brunton.

Soda salicylate sometimes causes visions when the eyes are shut; vanishing when open; may mistake for delirium.—Brunton.



who writes a text-book on the practice of medicine sees during his entire professional life all the diseases he describes. His practical knowledge may be confined to a very few of them; he may in fact be a mere compiler, a teacher of undergraduates, with very little actual practice. It is said that one professor of practice, whose text-book is widely used, has never succeeded in building up a practice which pays him two thousand dollars a year. Many similar instances might be cited.

The conclusion of the matter is that the men who are looked upon with superstitious reverence as "authorities" in medical science, generally have far less practical knowledge of the subjects they treat than any of their readers who has faithfully used the opportunities coming from ten years of actual practice. A show of knowledge, literary ability, access to a medical library and time for investigations, which the hard-worked practitioner cannot make, are not sufficient to warrant the arrogation of supremacy they usually beget, on the one hand, or its passive acceptance on the other. The question is still open.

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#### EPILEPSY.

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In a recent article appearing in the *Journal of Nervous and Mental Diseases*, Dr. Wherry calls attention to the fact that the rarity of a cure in epileptic cases is due, first to an insufficient knowledge of the real conditions existing; second, the treatment of the convulsion instead of the condition; third, the treatment of epileptics *en masse* instead of individuals.

He believes in individualizing treat-

ment and that change of environment will double the percentage of recovery. At the thirty-first annual meeting of the Mississippi Valley Medical Association, held at Indianapolis in October last, John W. Selman stated that the great cause of epileptic convulsions was the sudden liberation or explosion of nerve force which swept everything before it. He quoted a case in which he used subcutaneous injections of normal saline solution, with the bitter tonics and arsenic; prompt improvement followed. He called attention to the fact that treatment must be governed largely by the case, and in nearly all instances would consist in the removal of the exciting cause; checking the convulsive tendency and further attacks by suitable measures.

Here practically is crystallized the best modern conception of epilepsy and its treatment, as is pointed out in the article on the treatment of epilepsy, appearing in a previous CLINIC. Hitherto epilepsy has not been cured because of an insufficient knowledge of the real conditions existing; because physicians have treated epilepsy (the convulsion) instead of the condition causing the convulsion; and because the individual is not considered but is dubbed an epileptic, subjected to routine treatment and labeled incurable accordingly.

Dr. Selman is stating his belief that the great cause of epileptic convulsions is the liberation or explosion of nerve force, sweeping everything before it, is absolutely correct and our knowledge of the cause of those sudden explosions has been the stumbling-block which has prevented physicians relieving the unfortunate victim of epilepsy.

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Whenever patients complain of dim vision it is well to ascertain how much tobacco they are using, and to stop it.—Brunton.

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ringing ears from salicylate may be relieved by the buzzing of a faradic current or by railway traveling.—Brunton.

Now that we understand why the seizures occur, and know that any pathologic condition or abnormal change in the metabolic processes of the body may cause such a disturbance of the natural chemistry that toxic substances instead of nutrients are offered to the neurons for reparative purposes, we can readily understand the gradual storing up of this poisonous material, and the final explosion which takes on the form of an epileptic seizure.

That Dr. Selman secured prompt results from the use of normal saline solution hypodermically injected is not to be wondered at. The poison was diluted and neutralized, and the administration of arsenic and bitter tonics enables the body laboratory to supply the neurons with a sufficient amount of proper nutritive material. One need only dip into modern articles upon epilepsy to see how close various clinicians have come to solving the whole problem, and it is quite evident that from this time forward epilepsy will cease to be an opprobrium and will take its place among the curable diseases. This means, of course, curable cases; the old epileptic who has changed mentality and deteriorated tissues, can hardly be cured though he may be greatly benefited.

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#### THE TRI-STATE MEETING.

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In the Miscellaneous Department of this number will be found the full program of the Tri-State Medical Society meeting, to be held at Galesburg, Ill., June 26-27. Don't forget the place or the time. The program is a splendid one, including the names of such distinguished professional men as Robert T.

Morris of New York; Brower, Butler, Frank, Neiswanger, Robinson, Beck and Ries of Chicago; Hughes, Brown, Ball, Dumesnil, Witherspoon and Lanphear of St. Louis—and many others too numerous to mention. Consult the full program on another page.

The time of the program has been so arranged as not to interfere with the A. M. A. meeting in Boston. We hope that all of you will attend *that* meeting if you can. If you live west of here stop at Galesburg on your way home. If you cannot attend the Boston meeting come to Galesburg anyhow. There will be no entertainments, no dissipations, no quarrels—just work. It is proposed to make it essentially the busy doctor's meeting. There will be something to help you.

Dr. Abbott is president and of course the CLINIC staff will turn out. We are counting on the presence of every one of our friends. Come, and let us get better acquainted.

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#### MEDICAL EVOLUTION.

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In the last twenty years a marvelous change has taken place in the surgical side of the medical profession—one which is universally recognized, lauded and accepted, and this evolution has received one of its strongest impulses from the commercial side, an impulse without which the present attainments would have been utterly impossible. And this help was given because it paid to give it.

To the unthinking it may seem that to this branch of our work, with its accessories, belongs all the glory of our progress; that nothing is being done in other directions. Let all such read care-

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Strychnine increases the sense of smell and makes people relish odors ordinarily disagreeable to them—musk, valerian.—Brunton.

To obviate bad taste use the active principles made with milk sugar into a small granule or globule.—Brunton.

fully the article closing in this issue, "The Evolution of Drug Therapy." And why does not this movement progress more rapidly? Why has this, which appeals as strongly to every dictate of common-sense as does the most brilliant technic of modern surgery and the finest research in pathology, this which has the unqualified endorsement of the masters of medical thought all over the world, had to fight, yea beg, for a mere pittance against the most persistent, vindictive and merciless opposition? Because it pays to oppose it. Because vested interests demand that this uncertainty shall continue, that the doctor, being uncertain, shall continue to slug his patients with uncertain drugs in maximum quantities instead of adopting those of known strength and composition that may be used with certainty; and so strenuous is this opposition, so subtle its influence, that it permeates even to high places, from which still comes most unthinking aid, unreasonable endorsement of that which is the blackest stain upon our escutcheon—uncertainty of drug which compels to therapeutic uncertainty—all leading to skepticism.

Is it any wonder that out of this with surgery's brilliant achievements before them, from blind faith and incantation the world has been filled first with drug skepticism, to resolve later into therapeutic nihilism? Instead of it being a wonder that a few are faithless, it's a wonder that we have any faith at all. But the leaven is working! Forty thousand doctors are reading this journal; each month accessions are coming to its subscription list, probably faster than to any other independent journal in the world, and despite the most uncompro-

missing, the vilest and most mercenary opposition, its teachings are permeating the whole body medical—why? Because they are right!

And when the pharmacy-made nihilist really appreciates the fact that a certain therapy is available and really awakes to its possibilities as rendering his work even more secure—when he joins hands with the earnest therapist, as he ultimately will, then will stupid, mercenary opposition fade away from inanition, from the removal of the greatest of all influences that is perpetuating the recreation of that upon which it feeds.

An era of evolution, of purification of medical matters to which no one but the unrighteous can object (for no one else is injured), an evolution to which every right thinker should lend his aid, for every move is for the betterment of the medical profession and through them for the improvement of the condition of our fellow men.

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#### STRYCHNINE AND NUX VOMICA.

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*The Medical Brief* for April furnishes a powerful argument for the alkaloid as against the crude drug, in a paper by Prof. Phillips, the great London teacher of therapeutics. He says: "The action of nux vomica and of its alkaloids is practically the same, so that either may be prescribed according to the considerations of convenience and safety." Many illustrations of the clinical applications follow, some of which may be found in our footnotes. In most of these it is the alkaloids and not the parent drug that is advised; in fact in many the latter could not be employed for the purposes mentioned. The *Brief* is to be con-

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Quinine barely dissolved by acid is precipitated on the tongue by the alkaline saliva and tastes badly; use excess of acid.—Brunton.

If you chew a little of the leaf of *Gymnema sylvestris* you will then be unable to distinguish sugar from salt.—Brunton.

gratulated on its enterprise in securing the publication of this scholarly paper, which we hope to see extensively quoted in the medical press.

### "LIQUID MEDICINE VS. ALKALOIDS!" NOT THE QUESTION.

#### A REPLY TO A MISLEADING CRITICISM.

In the April number of the *Medical Brief* there is another article by Dr. Pitts Edwin Howes upon the "Superiority of Liquid Medicines Over Alkaloids," this last article being a reply to an editorial in the February number of THE AMERICAN JOURNAL OF CLINICAL MEDICINE. In our editorial, "A Rounder," Dr. Howes admits that "a casual reader might think that some good points had been scored in favor of the alkaloids" (the active principles\*) but qualifies this compliment (which we shall appropriate anyhow) by saying that the largest part of our argument is based upon "sarcasm and ridicule." That there may be no misunderstanding in this paper we will say that for Dr. Howes personally we have only the kindest feelings—and that if he will desist from making ridiculous statements we will hereafter abstain from the "sarcasm and ridicule."

The whole basis of his argument rests on a feeble and unstable foundation, even the name of the article: Why does Dr. Howes try to oppose "liquid medicines" to "alkaloids"? Must we assume from this that liquid medicine in order to be good must be free from alkaloids, or that

alkaloids can never be administered in a liquid form? The proposition as he states it is an absurdity! If he had proposed to discuss Liquid Medication vs. Dry Medication we might both have been fighting on the same side, for we are perfectly willing to admit that there are some medicines which are best administered in the liquid form, just as we believe that for the vast majority of the alkaloidal salts and active principles, all things considered, the granule form is the best. We do not, never have and never shall say that liquid medicines are necessarily unreliable and advise against their use. *Our fight is not against liquid remedies but against uncertain remedies in any form.* Is that plain enough? Wherever we believe that better results will be obtained by giving a remedy in solution (as may be the case with very insoluble or irritant drugs, or when the bitter taste is desired, as in stomachics) we advise that it be so given.

The real contention of Dr. Howes, however, is that the tincture (presumably the specific or eclectic tincture) of the plant is more effective than the alkaloids or other active principles contained in the plant, and which are generally supposed to give it its efficiency. Though he does not say so we shall assume that he believes that it is a good thing to have the active principles in his tincture. That this is the general desire of medical men is shown by the facts that the better class of pharmaceutical manufacturers now assay all their drugs as to alkaloidal content, and that assay processes have been introduced into the United States Pharmacopeia for practically all of the more potent drugs. In other words, *the test of its purity is the deter-*

\*Caption not ours, reliability and accuracy the question not material form. Also note that the words "the alkaloids" used in this connection refer to the desirable active principles regardless of chemical form.

Few die of heart stoppage; it is almost always through failure of the respiration; save life by keeping it going.—Brunton.

Hydrocyanic acid lessens the interchange of gas between the blood and tissues; and arrests external respiration.—Brunton.

*mination of the amount of alkaloid or alkaloids which a drug contains.* What would tincture of opium be good for without morphine, cinchona without quinine, *nux vomica* without strychnine?

Dr. Howes rests his case as to the superiority of the tinctures on three points: (1) They are more easily absorbed; (2) they exert their action more in conformity with Nature's laws; and (3) they represent the product of Nature's laboratory.

"They are more easily absorbed." Now that depends. Sometimes an alcohol-dissolved remedy is absorbed more readily than a water-dissolved remedy—but there is not an iota of evidence to show that the tincture of the whole plant will be taken up by the stomach or any other portion of the digestive canal any quicker than an alcoholic solution of its most important alkaloid. Indeed, the evidence all points the other way. The simpler the mixture, the less encumbered with tannic acid, dirt and other useless substances, the more ready absorption. Isn't that common-sense?

Dr. Howes has a good deal to say about endosmosis and exosmosis in the stomach. As a matter of fact medicines, as well as foods, are absorbed from the stomach, if at all, far less readily than from any other portion of the whole digestive area. Many medicinal agents are not absorbed from it at all, or at least so slightly as not to be considered. High dilution instead of favoring absorption from the stomach tends to hinder it. Brandt has shown that sodium iodide is not absorbed from the stomach in solutions of less than three per cent. During digestion stomach-absorption is practically at a standstill.

Absorption depends not upon one factor but upon many: the portion of the canal from which the drug is most readily taken; whether it be readily soluble or not; what it is most soluble in; whether it is to be taken fasting or with the meal; the state of the gastric chemistry; the presence of inflammatory lesions; and the chemical changes which it must undergo before it can be taken up by the circulation. That the soluble alkaloidal salts and other active principles are taken up rapidly, sometimes with lightning-like rapidity, when given in granule form, we have never seen disputed by those who use them. Let the skeptic try granules of glonoin, aconitine, strychnine, pilocarpine, atropine—letting them dissolve on the tongue—and report any slowness. If you want them to try, let us send them to you and you can see for yourself! When to certainty of absorption we add certainty of effect—which cannot be predicated of a large proportion of the tinctures—and readiness for immediate use, we have something tangible to depend upon.

Now let us repeat. Do not misunderstand us. By all means give your remedy in solution if you believe it will be more effective when given in this form. Every day we use solutions and advise them. But keep this constantly in mind: *An uncertain remedy, one indefinite as to active-principle strength and alkaloidal content, is not a safe remedy.* Whether administered in granule or solution, *isn't it better to know that you are giving a dependable remedy and to know just how much of it you are giving?*

With Dr. Howes' position, on the enormous quantities of quinine and strychnine tablets and pills consumed by the

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Errhines are sometimes employed instead of forceps to facilitate labor by the violent strain of sneezing.—Brunton.

In hay fever cocaine locally acts almost magically the first few times; but soon loses its effect; sets up habit.—Brunton.

American people, we are going to agree without an argument. But what does he mean by the following: "Many times the continued use of strychnine produces an extreme hyperemia in the vascular system." We ask for light. He needn't go to the *Medical Brief* for space. We shall be pleased to have him discuss this in CLINICAL MEDICINE.

"Liquid medicines exert their action more in conformity with Nature's laws, because they more nearly resemble Nature's method of reproducing her own products. . . . There is no chemistry which is so complex as that which is found in Nature's laboratory. She makes use of no needless ingredients. They all have their use and are employed for some specific purpose. Therefore, when we employ remedies made from plant structures instead of plant fragments to restore the loss of equilibrium in man's physical condition, we are working along the lines established by Nature herself, and our efforts are more likely to be crowned with success."

It is hard to read this without a *feeling* of "sarcasm and ridicule" from the expression of which, however, we shall endeavor to abstain, contenting ourselves with one of genuine pity. As regards the first proposition we do not recall any instance in Nature where plant life demands an alcoholic solution of its food—or where it gets it. Where is the analogue to the alcoholic tincture in Nature? Does Dr. Howes propose to dispense with all the valuable remedies which are extracted from the plant by alcohol and not by water, because Nature doesn't use alcohol? To be consistent to his alleged fidelity to Nature

he should do so. Fie, what nonsense!

The complex chemistry of plant life is wonderful indeed; but it certainly needs no argument to show that the growing plant must first of all provide for itself. Every individual, whether a man or a cabbage, must first look after its own needs. If it did not take the things essential primarily for its own growth and reproduction, it would die, and its usefulness would cease with it. Isn't it a remarkable assumption (for assumption it is and nothing else) that this plant or that grows expressly and primarily that man may extract a certain medicine from it? As Maeterlinck says, "It were idle to suppose that a single flower the more will blossom in the fields because the queen bee has proved herself a heroine of the hive." Would Dr. Howes have us believe that through thousands and thousands of years untold billions of the foxglove have sprouted, leaved, bloomed and died that some man may have a dose of tincture of digitalis?

Furthermore, Dr. Howes assumes that the whole plant must have been created to make a medicine for man, since he argues that the liquid medicines are better than the alkaloids, because "the former represent the whole plant, and the latter only a part." If this is true, why does he not use the entire plant instead of simply the alcohol-soluble fragment? To be consistent, when he had an appetite for cocoanut he should commence at the root, gradually eat his way up through stalk and leaves and taper off with the shell and finish with the nut. If animal food appeals to his appetite he should go back to the African savage and eat hide, hair and entrails. The milling of grains should be-

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Irritations from points above the diaphragm excite expiration; from below it chiefly inspiration is stimulated.

Respiration fails from muscular weakness, debility of respiratory center, or mechanical impediment to expansion of lungs.—Brunton.

come a lost art. Cooking or other chemical processes which change or modify the chemistry of nature (which he prizes so highly) should be rejected. We should dress in the untanned skins of beasts and return to the customs of the cave-dwellers, since in every phase of life we are attempting to improve on the chemistry of Nature. Instead of giving his patients iodine he should set them to chewing kelp; should prescribe sea water instead of the bromides; in lieu of the mercury salts should lay in a stock of cinnabar; and when he has a case of rheumatism to deal with should order his patients "back to the woods," where birch twigs are available in sufficient quantity.

As a matter of fact, Dr. Howes does not give his patients the whole plant: Of some plants he takes only the root, of others the bark, of others the leaves, and of still others the fruit, *selecting in every instance the part richest in the potent alkaloids*. Nor does he take all of this part; he extracts from it a small portion only, usually what is soluble in alcohol—a substance normally foreign both to the animal and vegetable body. Instead of using the whole plant he employs simply *the fragment of a fragment*—and here he shows his wisdom. His real aim has been to abstract from that "whole" plant only the part which he needed—and if he had gone a step farther he would have succeeded better.

The selection of sulphuric acid as an illustration of his theories was peculiarly unfortunate. Sulphuric acid does not exist free in nature. Nor is sulphur its alkaloid, nor comparable to one. To be true to his theories Dr. Howes should be satisfied with his sulphur as Nature

has supplied it and refrain from all efforts to improve on it. What right has he to monkey with the chemistry of Nature, even if he does need a caustic acid? Following his argument of adaptation he should look to Nature to supply his needs.

We live in the twentieth century, not in the eighteenth, so it is hardly necessary to reopen the question of the relative merits of quinine and cinchona, strychnine and nux vomica. It has been settled by the usage of hundreds of thousands of physicians all over the world. Whenever they want a result that can be measured, definitely determined, they use quinine and strychnine; when they are satisfied with intangible, indefinite and psychic effects they try cinchona and nux. For instance, it has been shown that the plasmodium of malaria will succumb to solutions of quinine of a definite strength. Ten to thirty grains a day may be considered as average doses. Now suppose we translate this into terms of dry, powdered cinchona bark, which, if a very good sample, will contain five per cent of combined alkaloids (less of quinine alone); to get the required dose would take from half an ounce to an ounce and a half of the bark. Expressed in terms of the tincture of cinchona the patient would have to drink from two to six ounces a day, incidentally taking from one to three ounces of alcohol or the equivalent of two to six ounces or more of whisky! By all means—back to Nature!

It is evident that Dr. Howes is not very familiar with strychnine, though we have no doubt he is a past master when it comes to the administration of nux vomica. If he used strychnine he

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People suffering from flatulence come describing symptoms which appear to point to disease of the heart or lungs.—Brunton.

When the weight of the viscera embarrasses respiration the patient feels easier when sitting or standing up.—Brunton.

would not make the remarkable statement that it is "primarily a heart stimulant, and should be confined to stimulation of the muscular fibers of that important organ." Every experienced physician will at once see the foolishness of this statement. Strychnine acts primarily as a stimulant of the nerve centers, and in medicinal doses gives tone to pretty much all the vital processes—nervous system, respiration, circulation, alimentary tract, metabolism, and nutrition. It is best known as a "nerve tonic." It is doubtful whether it can be considered a direct heart stimulant at all, blood pressure being raised by its action, *through* the nerves upon the vessels. It is hardly necessary to name the multitude of uses to which it is adapted.

Nux vomica, however, as Dr. Howes suggests, is mainly employed in affections of the alimentary tract. Aside from the small quantity of strychnine contained in the small doses given, its action seems (see standard text-books) to be identical with that of the simple bitters; and as Cushny says, the "whole literature on the action of bitters is full of contradictions." The theory of Pawlow, which now generally prevails, is that they act reflexly through the sense of taste—rather a psychic than a chemical action. Exactly the same result will be produced by a weak solution of strychnine, or if the tonic effect of strychnine is not desired, by a solution of quassin. We ask Dr. Howes to put this statement to the clinical test. The columns of THE AMERICAN JOURNAL OF CLINICAL MEDICINE will be open to his report—and we will furnish him the strychnine and quassin!

It is not our purpose to belittle the

magnificent work done by the eclectics. On the contrary we are glad to add our tribute of praise for the invaluable contributions which have been made and are still being made to our native materia medica by members of that school. We have used many of their remedies and where we have found one to please us we have not been slow in letting others know. It has been peculiarly their mission to collect this practical knowledge, while too much of the time of the numerically dominant school has been given up to theoretic studies to the neglect of the practical side of medicine. We take off our hats to great teachers like Scudder and Ellingwood\* and to great students of Nature like Lloyd. But while doing this must we assume that medicine must rest *here*—that it can do no more, that progress must cease? We believe that not even the most enthusiastic eclectic will assent to such a proposition; indeed, *we know*, for many of them are with us in this fight for a more reliable therapy.

Finally, it is not the form of medicine for which we contend, but quality, reliability, absolute, never-changing dependability, that the doctor's work through exactness of means and method may be true. It is not Pitts Edwin Howes whom we condemn; it is the ridiculous, moss-grown error he allows himself so foolishly to champion, the apparent misunderstanding of our views and the character of our work, and the potent commercialism that persists in attempting to perpetuate this nonsense and is trying to cram it down the throats of the medical profession.

\*See his great work on "Materia Medica and Therapeutics," which has been before our readers for some years, also his new book, "The Treatment of Disease," just out and advertised in this journal. Address the author, Dr. Finley Ellingwood, Chicago.

When patients have great difficulty in breathing, even the weight of a poultice tries them considerably. Use a cotton jacket.

From post nasal growths the patient acquires a vacant look, breathing through the mouth, "catching flies."—Brunton.



It is not the form of medicine but what is in it (its uniformity and reliability) that determines its acceptability to the doctor, who alone should be the judge.

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#### THE A. M. A. MEETING.

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Last month we called attention to the annual meeting of the American Medical Association, which will be held this year in Boston, June 5 to 8. This is "just to remind you," and to express the hope that all who can, will go. Come and join us—on the trip over the Lake Shore if you can. Every up-to-date physician should be a member of this great national organization, and should get all the helpfulness possible, and all the inspiration he can from it.

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#### THE POINT OF VIEW.

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Clinician, surveying the smoking ruins: "A bucket of water at the beginning would have saved the house."

Pathologist, contemptuously: "Look at those ashes and tell me you can reconstruct that house from them with a bucket of water!"

Surgeon: "But it could have been extinguished by blowing up with dynamite."

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#### THE AWAKENING

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Many indications are occurring to show that the therapeutic revival, which we have so earnestly advocated, is at last setting in strongly. The time was when we could take a bushel basket of our exchanges and skim through them within an hour or two, having gleaned from their pages possibly a brief half-page of

editorial, and a beggarly handful of footnotes. Now we can scarcely go over that number in two or three days, and even then we find ourselves embarrassed by the richness of useful therapeutic hints which we want to stop and read and cut out for our own readers. Time and again we are compelled after selecting a few specimen footnotes to refer our readers to the original article, for which we have not room in our own journal and which is yet too important to be passed by. We do not refer to any particular journal or class of journals; the improvement seems to be quite general.

A further favorable indication is to be found in the high standing of the men who are speaking out and that with emphasis, in favor of what we have always upheld, the vigorous, intelligent intervention of the physician and the optimistic prognosis which such intervention justifies. As a specimen of the articles to which we are referring here, we present the following abstract from the *Boston Medical and Surgical Journal*, as quoted in the *Medical Record*:

#### THE VALUE OF DRUGS IN THERAPEUTICS.

F. C. Shattuck admits the uselessness of many of the old mineral and vegetable remedies, but finds value in many of the new synthetic compounds. Broadly stated, drugs are adjuncts only. What beneficial effects they have (outside of the few specific remedies) lie in their power to alleviate untoward symptoms. This is especially true in acute and chronic infections. In such diseases as cancer, drugs may promote comfort and prolong life. In certain maladies more or less local, drugs may be indispensable while there are minor ills which a physician can modify by drugs, such as a purge in biliousness or autointoxication. Our general rules in drug giving should be

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Mechanical obstruction of the trachea may be due to aneurism, new growths, sometimes excessive growth of thyroid.—Brunton.

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Obstruction of the smaller bronchi may be due to congestive thickening of membrane or to the presence of mucus.—Brunton.

(1) to do no harm; (2) to have a clear idea in our own mind whether we are giving a drug as a specific, a curative, a palliative or a placebo; (3) to give a drug uncombined as far as possible, though to this rule there are many exceptions; (4) when we are using an efficient drug, we should be as sure as possible that the preparation is efficient and then we should continue it till something happens, either the desired effect or some toxic manifestation. Disregard of this rule is, in the author's opinion, responsible for many therapeutic failures.

### ACONITE! A GREAT REMEDY!

The *Atlanta Journal-Record of Medicine*, in its issue of April, 1906, says editorially: "Some of these fluid extracts and tinctures are not unlike boarding-house coffee, alleged rather than established, and when we give a prescription for a combination of drugs, we have but little warranty in feeling that it will always be filled according to specifications." It relates an instance, which is certainly of great interest to the profession, in which a *teaspoonful* of tincture of aconite was given by a relative to a sick child, by mistake. When the mistake was discovered, several hours had elapsed, but as the child was none the worse for it, the alarm of the family was allayed. The editor makes the following pertinent reflection: "If no results followed the administration of a dram of this particular tincture, it is interesting to all but homeopaths to ponder upon the effects of a therapeutic dose of one or two drops. An incident like the above," continues the editor, "shakes our confidence in some things connected with the practice of medicine. It makes some of us, who are possessed with the New

England conscience, feel a self-conviction of obtaining money under false pretenses."

In spite of such instances, in spite of the perfectly well-known fact that every fresh sample of tincture of aconite varies in strength with the variations in the parent drug, while all of them depend for efficacy on their content of aconitine, that representative of American medicine, the *J. A. M. A.*, tells its readers that "it will be found preferable to use the tincture of aconite in nearly every case." Why? "Particularly since this is now required to be of a definite aconitine strength." Then it is the aconitine we are after; and for the favor extended this agent in tincture form we are to look to the variability of this from evaporation strengthening and decomposition weakening, hoping possibly to hit the happy medium we could have had without this uncertainty by employing the alkaloid.

### SELF-PRESERVATION: THE DOCTOR'S DUTY.

With so many trying to use the doctor as a means of advertising their products to the laity, it certainly behooves him to take due precautions that things which are meant only for himself do not slip through his fingers into the hands of those who will use them to his detriment. If from no higher motive than that of self-preservation he should see to this. I refer to the careless habit that so many physicians have of letting medical journals, price lists, and samples of medicine lie around in their offices or homes where patients and callers can get hold of them, and of the very bad

If a catarrh gets into a house you may get it going round and round the family, as one ends it, another begins.—Brunton.

It is always well to be very careful in regard to the introduction of infection by a "common cold."—Brunton.

practice of prescribing proprietary remedies in the original package or bottle, and particularly of telling the patient what you are giving him.

Practices like these are a constant temptation for the layman to "treat" himself; especially when, as is so often the case, the literature which he thus has access to, describes symptoms or names diseases which seem to fit his own case. What more natural to think than—"If Dr. S. thinks this medicine is good for me, what's the use of coming to him and paying for his advice? Why not get the medicine myself from the druggist or the manufacturer?" And straightway the doctor loses another patient, another patient-medicine fiend is under process of making, and it's the careless doctor's doings.

Every manufacturing pharmacist constantly receives orders from the laity. If he is not scrupulous in such matters he is likely to pocket the money and send on the goods, with the confidence born of previous experiences that there will be a nice "family trade" for that particular remedy in this man's town. But if he has at heart the welfare of the physician, and the patient as well, he will answer in some such manner as this:

In reply to your letter ordering one bottle of \_\_\_\_\_ tablets, we have to say that our work is strictly with the physician and the trade. We are doing everything in our power to be of the greatest service to those of our fellows who are sick, through these channels. If your physician wants you to have these tablets we want to place them at his command at the earliest possible moment. Give us his name and address and we will correspond with him. This co-operation on our part is the very best service we can render you. We hope

that you will not in any sense consider it a discourtesy that we attempt to protect you in this way. You may not need the drug; it is for your physician to decide.

Not every manufacturing pharmacist, however, will take this trouble. As a matter of self-protection it naturally behooves the doctor to deal with men upon whom he can depend; but whatever his business affiliations it is a duty which he owes to himself to avoid throwing temptation into the way of those who may be led into the devious and dangerous paths of self-medication. The wonder is not so much that manufacturing houses go to the laity, as that they do not do it more. Of all the careless, thoughtless and needlessly sacrificial business men the good doctor "takes the cake."

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#### THE SUMMER DISEASES.

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Next month we shall give considerable attention to the summer diseases. There will be articles on various subjects in this field. We want to make this number above all a practical one—one which will do "the greatest good to the greatest number." Brethren, let us have your coöperation. Tell us how you treat acute indigestion, enterocolitis, dysentery, cholera infantum, the ordinary simple diarrheas of old and young. What success are you having in the treatment of typhoid fever? What uses, new and old, are you finding for the sulphocarbolates and other intestinal antiseptics? What new "kinks" have you developed in your own practice? Let us have a number of short, snappy articles, not over a page each—and let us have them right away. Do it now!

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The mucous membrane is attached to the turbinated bones by a very loose connective tissue; permitting swelling.—Brunton.

The best respirator is that which compels the patient to keep the mouth shut and to breathe through the nose.—Brunton.

# LEADING ARTICLES

## THE DIURETICS BEST ADAPTED FOR GENERAL USE.\*

BOLDINE, BAROSMIN, ARBUTIN, CAFFEINE, CACTIN AND EUPURPURIN.

BY W. C. ABBOTT, M. D.

**O**F PURGATIVES and laxatives we have an embarrassing number but the really useful "diuretics" can be counted on the fingers of one hand. Drugs which have a distinct and prompt diuretic action, and no other pronounced systemic effect, are few indeed, and of these few, at least one half are little used by or even known to the general practitioner. The old-fashioned sweet spirit of niter, infusion of digitalis, buchu, etc., together with the various preparations of potassium and lithium, have served for lo, these many years! But times without number the doctor using them has sighed for a more convenient and promptly efficacious diuretic.

A diuretic is an agent that increases the flow of urine, and we know that by increasing the arterial pressure we also increase the urinary output (other things being equal) but we must be sure that the renal vessels are not constricted, otherwise we shall find this condition to counterbalance the increased blood-pressure; for it has been proved that increased urinary secretion is due, not to the pressure within the glomeruli so much as to the rapidity of the flow of blood.

It goes without saying that the amount

of urine excreted must depend, first upon the amount of blood flowing through the kidneys; secondly upon the composition of the blood itself and, thirdly, upon renal activity. Under normal conditions the person drinking two quarts of water in six hours will pass more urine than the individual who drinks but two pints; and—also under normal conditions—the man whose pulse is full and strong will excrete more urine than another whose pulse is thin and slow.

Theoretically, it is safe to assert that the kidneys excrete more urine when (1) there is increased vascular fulness, (2) increased cardiac action, (3) constriction of blood-vessels in other vascular areas, (4) dilation of renal arteries owing to stimulation of vasodilator or depression of vasoconstrictor nerve fibers. This stimulation or depression may be either direct or reflex.

Understanding this, we can appreciate the action of different diuretics. It is supposed that the secretory cells of the kidneys are normally stimulated by the inorganic salts, urea, etc., present in the blood; and therefore it is reasonable to conclude that many other substances, not naturally found in the blood-stream, will, when present, act in a similar manner, exerting their influence upon either the glomeruli or the convoluted tubes. It is, too, quite possible to exhibit drugs which

\*I desire to give credit, in connection with this article, to Dr. G. H. Candler, who has greatly aided me in these studies, and to Dr. W. F. Waugh and others whose confirmatory experiences coincide.

exert a dual influence. They not alone act as circulatory stimulants but, while present in the blood-stream passing through the kidneys, they stimulate the renal cells.

Caffeine, convallamarin, strophanthin, apocynin, scillitin and sparteine are examples of this class, and digitalis may perhaps also be included. Digitalin, however, acts solely upon the circulation.

The various salts of potassium and lithium (the nitrates, carbonates and benzoates) exert a distinct stimulatory influence upon the kidney-cells. In the case of the vegetable salts of potash we also find that the urine is rendered alkaline by them, these substances being eliminated to a great extent as carbonates.

Vasodilators such as glonoin may exert a diuretic action when given together with cardiovascular stimulants (digitalin, cactin, etc.), by counterbalancing the constrictive action of the latter drugs upon the arteries of the kidneys. Hence the common custom of giving glonoin, digitalin and some one of the potassium salts together when a positive and prolonged diuretic action is desired.

The volume of blood may be increased by giving large draughts of water, or by introducing weak saline solutions by the mouth or subcutaneously; but in ordinary conditions the last suggested expedient is manifestly impracticable. Moreover, in certain depressed conditions, renal action is so inefficient that even the normal flow of blood embarrasses the kidneys and it would be merely increasing the difficulty to augment the blood current. There yet remain those drugs which (1) exert a diuretic action under certain conditions only, and

(2) which increase the urinary secretion by their irritative action upon the renal tissues.

Of the former, calomel, pilocarpine and lactose are examples. The first-named drug supposedly acts directly upon the renal epithelium and is, therefore, most useful in cardiac dropsy, though it is also of service in many hepatic and some renal disorders.

Pilocarpine acts pronouncedly upon the kidney structure. Just how is not understood, but strangury and albuminuria have followed its too free use. This drug is not a useful general diuretic but may be exhibited in uremia and nephritic dropsies for quick and pronounced effect. Lactose is little used or understood but it is a potent diuretic in dropsies of cardiac origin.

With the exception of calomel, not one of the trio is suitable for routine exhibition.

The second class embraces the entire list of so-called "stimulant diuretics." Copaiba, cubeb, turpentine, barosmin, arbutin, chimaphilin, cantharidin, oil of juniper, erigeron, pareira, matico, sandalwood, etc., are examples. *Peumus boldo* (from which boldine is derived) belongs to this class. Each of these drugs acts more or less decidedly upon the mucous membrane of the entire genitourinary tract, stimulating renal activity and increasing the flow of urine to a greater or less degree according to conditions. Many of them possess antiseptic properties powerful enough to destroy or inhibit the growth of bacteria, and thus they retard decomposition of the urine. In overdoses some of these remedies produce inflammatory symptoms, affecting the bladder, urethra and

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Hay fever: The nose may be protected against pollen by smearing the mucosa with zinc ointment as far as possible.—Brunton.

Binz cured Helmholtz of hay fever by washing out the nose with quinine a one-half per cent solution; a saturated solution.—Brunton.

kidneys. Of course care is essential.

Many of these drugs not alone increase the amount of urine secreted, but aid in the elimination of its solids. Boldine, caffeine, cantharidin, barosmin, arbutin, chimaphilin and cubebin are among the active principles which possess this dual action. The potassium salts (vegetable), Nthia, turpentine and juniper, with pareira brava, act in a similar manner. We have also a few drugs which, while not strictly diuretic, influence the elimination of various urinary constituents.

#### DRUGS WHICH INCREASE ELIMINATION OF SOLIDS.

The iodides, the salicylates, the lithium salts, most purgatives, pilocarpine and colchicum may be thus listed.

Pilocarpine increases urea-elimination markedly, and colchicine undoubtedly causes an increase in the excretion of solids.

Apocynin is not only a diuretic but acts peculiarly upon the gastrointestinal tract causing profuse watery stools. It exerts, moreover, an action somewhat akin to that of digitalis upon the heart, and by its effect upon the circulation may cause profuse diuresis. This depends entirely, however, upon renal conditions. If there be any constriction of the arteries of the kidneys, the gastrointestinal and cardiac action alone will be evident.

The action of these drugs which increase the excretion of urinary solids is not well understood. Water alone may cause an increase by "flushing out" waste, but other agents probably increase proteid metabolism. The alkaline diuretics, it is claimed, cause more rapid and complete oxidation of the tissues, thus adding to the nitrogenous

waste; but it is impossible to tell whether this surmise is founded upon fact, for the simple reason that the chemistry of the living body can never be overseen or studied as it progresses. There are also many drugs which exert a soothing action upon the renal cells, removing irritation and engorgements and thus restoring normal secretory activity. Most of these are decidedly mucous-membrane alteratives and tonics, exerting beneficial influence upon the membrane lining the entire genitourinary tract.

*Triticum repens* (couch-grass) affords an example, and a good preparation of this drug may advantageously be used,—frequently in conjunction with some more pronounced diuretic. *Triticum* increases the flow of the watery portion of the urine and may be used whenever there is a high specific gravity with an irritated condition of the urethra or bladder lining.

Eupurpurin, the active principle or *Eupatorium purpureum* (queen of the meadow) while a more potent agent, may also be mentioned here. It most markedly soothes and speedily alleviates renal inflammation, and genitourinary irritations generally. When uric acid is in excess, eupurpurin is of benefit; and it is also serviceable in dropsies of renal origin, strangury, "gravel" and hematuria. Patients who have a constant desire to urinate, burning and pain in back, or who pass urine mixed with mucus, will be relieved by its exhibition along with barley-water or an infusion of *triticum repens*. This drug is one of the best diuretics we have. In diseases of the uric-acid type, it increases retrograde tissue metamorphosis and stimulates elimination of waste. It is of service

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Some colds begin in the nose and travel down to the lungs; others in the pharynx and travel up and down.—Brunton.

Licorice has no action but to stimulate the salivary glands and thus keep the throat well lubricated with saliva.—Brunton.

in all cases where an alterative and diuretic is indicated.

As will be readily gathered from the above, it will, after all, be necessary to select the drug which will meet the conditions present when a diuretic is called for; but it often happens that the symptom-picture is so obscure that it is next to impossible to say just which remedy is indicated. In all cases it is possible, however, to tell whether the circulation needs stimulation or the reverse, and a simple test will reveal the excess, or lack, of solids in the urine.

In obscure cases it is well, as a rule, to select such drugs as possess an alterative diuretic action, and if we can, without setting up any gastrointestinal irritation or circulatory change, increase not alone the flow of urine but the excretion of waste *via* the kidneys, we shall usually accomplish our purpose. Digitalis (or its diuretic principle, digitonin) will not be suitable here, neither will the other diuretics which markedly affect the circulation—sparteine, convallamarin, scillitin, strophanthin, theobromine, etc.—and we shall have to turn to the class (already described) of renal stimulants. Among these are good, poor and uncertain diuretics, and here again the good ones are few. Turpentine, oil of juniper, oil erigeron, cantharidin and Pareira brava have their uses but each has also its disadvantage and nearly all are dangerous in full doses.

#### THE SAFE GENERAL DIURETICS.

Barosmin, asparagin, arbutin, caffeine, chimaphilin, boldine and benzoate of lithium will, however, either alone or in combination, meet our needs at all times. Cubebin may be added if a marked antiseptic action be desired, and the writer

has found that cactin exhibited with any of the above, markedly enhances their action. Where the heart-action is weak and renal elimination, therefore, below normal, cactin alone will often give good results,—this owing to its pronounced tonic action upon the cardiac muscle. It may be exhibited in all cases in which the heart is subject to strain or seems deficient in force.

The most valuable of the above diuretic agents are boldine, arbutin, caffeine and barosmin. Boldine is an alkaloid derived, as stated above, from *Peumus boldo*, and has been well termed the "prince of diuretics." In proper doses this drug markedly increases the elimination of urea exerting moreover, a profound influence upon the liver. Here, perhaps, lies its chief value, for many cases which plainly call for diuretics, are really suffering from hepatic derangements, obscure in character but disastrous in effect.

Boldine does not affect the circulation in any way, but by causing a profuse flow of bile, it promptly relieves hepatic congestions. Careful clinicians have long classed boldine among the most valuable hepatic alteratives. Houdé considers it the remedy for cholelithiasis, and other observers confirm his views. Boldine increases appetite, causing a sense of heat in the stomach, and stimulates digestion. Bilious vomiting, migraine and all the other symptoms which arise from disordered hepatic action are relieved promptly by its use. A peculiarity of the drug is its anesthetic action upon the nervous system, and it is quite probable that the diuretic action of boldine is due to this peculiar influence upon the nerves.

As has already been pointed out, re-

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Warm vapor causes increased secretion from the bronchial mucous membrane and brings the mucus away more easily.—Brunton.

More than a barrel full of nastiness accumulated in the making of echafolta within a short period.—Lloyd.

flex or direct depression of the vaso-constrictor nerve-fibers of the kidneys causes dilation of the renal arteries and an increased flow of blood; consequently, an increase in the flow of urine must take place. If, at the same time, we secure hepatic stimulation and increased digestive and assimilative capacity, it is quite evident that the tendency of things must be towards the normal. Boldine, therefore, will appeal to the clinician as a most valuable remedy, and will doubtless displace, to a great extent, calomel and other potent but often injurious drugs.

Boldine may be given in alternation, or with barosmin, arbutin, caffeine or asparagin, and is not incompatible with lithium benzoate. In general systemic torpidity, for instance, cactin (or caffeine), and boldine may be exhibited at frequent intervals—together with a daily morning saline draught—with the result that the circulation will be filled and quickened, glandular activity increased and thorough elimination insured. If we can send the blood-stream laden with reparative matter from the lacteals to the lungs, and can be sure that the skin and kidneys are able to take care of their share of the products of oxygenation on the return flow, we are doing a great deal with three harmless agents.

Boldine exerts a bactericidal action when eliminated *via* the kidneys, and is useful in specific urethritis and cystitis. It is also credited with anthelmintic properties. Its greatest utility, however, lies in its cholagog and diuretic activity; its unique action upon both liver and kidneys being peculiarly beneficial. The dosage may be varied widely, but two to three granules, gr. 1-67, given every two

hours "to effect," or one full dose of six granules with the smaller doses following, will be found quite satisfactory. For hypnotic effect, give one or two granules every ten minutes for three or four doses before retiring. The elimination experienced the following morning will be a surprise to the uninitiated.

In choosing a diuretic, where the conditions are such as not to distinctly indicate some particular drug, boldine will prove the best agent if (1) there be hepatic torpor or congestion; (2) a catarrhal conduction of the duct with possible gallstone; (3) migraine; (4) appendicular inflammation; (5) hepatitis; (6) atonic dyspepsia; (7) gonorrhea (combining here with cubebin or methylene blue); (8) anorexia and constipation; (9) cystitis (chronic).

In nearly all conditions calling for a true hepatic stimulant and diuretic, boldine will prove infinitely superior to any other drug or combination of drugs.

Barosmin (from buchu) may be given alternately, or in conjunction, when there exists great irritability of the bladder or urinary tract, uric-acid deposits, or catarrhal conditions causing mucoid or mucopurulent discharges. If the urine is intensely acid or stained with bile, barosmin and boldine will be the remedies. They should be given with copious draughts of barley water.

Arbutin (glucoside from *uva ursi*) is of prime importance as a diuretic. It constricts the renal cells, but not the vessels, and is classed as an astringent. It is a powerful diuretic, being eliminated unchanged, in great part, by the kidneys whether given per os or hypodermatically, a small part being changed to hydroquinone on which its antiseptic power

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Micturition while standing is excessively dangerous to persons under the influence of digitalis; fatal syncope.—Brunton.

Blood pressure rises when more blood is pumped in by the heart, or when less flows out through the arterioles.—Brunton.



depends. In catarrhs of the bladder or urethra it is promptly efficacious; it prevents putrefaction of urine and destroys bacteria. If the urine is ammoniacal, arbutin will prove the best remedy—indeed, it is the agent of choice in all atonic conditions of the bladder and in cystitis, acute or chronic). Arbutin, moreover, is tonic to the urinary mucosa throughout, correcting relaxation, checking discharges of blood, pus, albumin or mucus; it relieves tenesmus and stranguary by lessening congestion, and will promptly put an end to the dribbling of urine in old age. In such cases, arbutin and cactin (with small doses of strychnine) proves practically specific. Barosmin and arbutin may often be alternated with advantage, and either one can be exhibited with boldine.

#### GENERAL CONCLUSION.

After careful consideration it will be seen that the most generally useful, safest and most positively efficacious diuretics for exhibition in cases not calling for circulatory stimulants will be some combination of boldine, barosmin, and arbutin. Eupurpurin and triticum may also be considered. The latter, however, can only be secured in fluid form and the preparations available vary greatly in quality.

With these active principles (exhibited always with a draught of pure water or barley-water) we can meet every pathologic condition which does not specifically call for a diuretic possessing some other and distinct physiologic action. Moreover, such eliminants as colchicine, the salicylates and the iodides may be administered intercurrently without ill-effect; and it will be found that a careful combination of caffeine or cactin with

boldine, barosmin or arbutin, will often prove more efficient than digitalis or other better-known (and more irritating) drugs of the same class.

Caffeine raises the blood-pressure and also stimulates the secretory cells of the kidneys; it has, moreover, a direct action upon the heart and the vasomotor center; respiration is also stimulated; while it has valuable nerve-tonic properties, shown in the sense of well-being and the relief of pain which follow its use in certain atonic cases.

Boldine does not in any way affect the heart, respiration or circulation, but does act powerfully upon the nervous system, liver and kidneys, markedly increasing the flow of bile and the elimination of urea. It will thus be seen that here we have a most valuable combination, one which comes very near to being the "ideal diuretic" so long desired.

In cases where caffeine is contraindicated cactin will prove equally efficient, while devoid of the disadvantages of the former drug. Cactin acts as a powerful cardiac tonic, increasing the height and force of the pulse wave. It does not irritate the stomach, is not cumulative in effect and markedly influences the sympathetic for good. The nutrition of the heart is improved by its exhibition, valvular murmurs soon ceasing to be apparent. It also aids in restoring "nerve-balance" and thus, with a tonic diuretic and hepatic-alterative like boldine, it performs a vast amount of work in a prompt and effective manner. It is a valuable and unfortunately neglected remedy.

From the foregoing it will be gathered that for special disorders it will be necessary to select special diuretics, but it has

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Increased heart-action only raises blood-pressure when there is a full supply of blood; pulmonary obstruction lowers.—Brunton.

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Blood-pressure is raised by the heart beating faster or stronger, and by contraction of the arterioles.—Brunton.

also been shown that in boldine, barosmin, arbutin, cactin and caffeine we possess a quintet of remedies which, in varying combination, will well meet every

demand for a non-injurious yet positively-acting diuretic. Try them. They will not fail you.

Chicago, Illinois.

## CARDIAC DILATION WITH COMPLICATIONS.

A CLINICAL LECTURE DELIVERED AT THE POST-GRADUATE MEDICAL SCHOOL, CHICAGO.

BY GEORGE F. BUTLER, M. D.

Professor of Medicine, Post-Graduate Medical School of Chicago, etc.

**G**ENTLEMEN: This patient is a stone mason. He is sixty years of age and was born in Detroit. His mother died of tuberculosis and his father suffered from rheumatism, but he does not know the cause of his death. One of his brothers, he says, died of "dropsy" at fifty years of age. Save the ordinary diseases of childhood he has been sick but once. When about twenty-three years of age he had acute articular rheumatism and was ill nearly six weeks. It is probable that he contracted syphilis when forty years old. He says at that time he had a "chancreoid" which was "burned." He remembers having had an eruption on his chest and on the palms of his hands at that time, and has since complained occasionally of sore throat and rheumatoid pains. He has used both tobacco and alcohol to excess. He is constipated much of the time but occasionally suffers from diarrhea; appetite and digestion poor. About four years ago he had a severe cold and thinks he had la grippe. He has since suffered more or less from shortness of breath and a troublesome cough. These symptoms have been much worse during the past week, he informs me. You will note a slight puffiness of the face, and his feet and ankles,

as you see, are quite swollen. The urine has a specific gravity of 1012 and contains albumin and a few granular casts.

The pulsations of the heart are jerky, rapid and irregular. You will observe the apex beat is in the sixth interspace and much to the left of the nipple line. The area of cardiac dulness is considerably increased, extending upward to the third interspace and to the right of the sternum, making a dull area which is irregularly quadrilateral. The pulse is feeble and irregular. The pulse rate is 100 while the cardiac impulse is 120. The radial and temporal arteries are rigid, the latter being tortuous. At the apex the first sound is replaced by a soft blowing murmur which is transmitted into the axilla and is heard behind the scapula. The second sound is heard indistinctly at the apex. We find a rough systolic murmur at the aortic cartilage and a blowing sound with the beginning of the diastole. A venous thrill can be felt above the clavicle.

In the lungs we find scattered areas of dulness, and I can detect a few subcrepitant rales over both sides of the chest.

I am led to make a diagnosis here of cardiac dilation with mitral regurgitation and aortic stenosis and regurgita-

Blood pressure falls from heart beating slower or weaker, arterioles dilating, or short supply of blood to left ventricle.—Brunton.

When the heart beats quickly it has not time to fill and sends out less blood than when beating slowly.—Brunton.

tion and interstitial nephritis with general arteriosclerosis. The heart muscle is both enlarged by hyperplasia and stretched by distention.

It is possible that some of you have suspected the presence of a pericardial effusion owing to the enlarged area of cardiac dulness. Were such the case, the outline of dulness would probably be pyramidal or triangular instead of irregularly quadrilateral as it is. The diagnosis of a small effusion is difficult, and not infrequently pericardial effusion is mistaken for dilated heart, and *vice versa*. Large effusions are easily determined. The apex beat cannot be seen as in this case and the area of cardiac motion is indistinct. The apex beat is raised considerably and carried to the left, and the impulse of the heart will be more feeble than its comparative effort would indicate. Moreover, in this case there is no marked dulness beyond the apex beat which would be the case in pericardial effusion.

It is also very important to note whether the dulness extends below the apparent apex beat in differentiating cardiac enlargement or dilatation from effusion.

This man's condition is due probably to secondary hypertrophic dilation, that is, the dilation is secondary to a cardiac hypertrophy, the cavities being increased in size, while the heart walls are thicker than normal. The dilation is the principal factor to be considered in this case and it is well in all cases of cardiac dilation to recognize the cause if possible. A simple dilation may follow endo- and pericarditis, myocarditis, or be the result of degeneration of the heart muscle from a toxemia of some sort,

and it may arise also secondarily from, or be incident to, exophthalmic goiter. Should the nutrition of the muscle be so poor as to prevent perfect compensation, then such a condition as we have in this case takes place, that is, hypertrophic dilatation. It is necessary to decide, however, whether hypertrophic dilation is a primary dilation with a compensatory hypertrophy, or a dilation resulting from a degeneration of a previously hypertrophied cardiac muscle. In view of the history of the case, the presence of nephritis and valvular disease, the dilation has been gradual in all probability and fairly coincident with the hypertrophy.

We have all the conditions here for cardiac dilation. Doubtless there was a time in this man's history when compensation was perfect even after the valves became diseased, but as time went on, the ventricle became hypertrophied from the resistance in the aorta from general arteriosclerosis resulting in increasing intraventricular strain and coincident with this increasing ventral and aortic insufficiency, resulting finally in cardiac dilation with all the symptoms of compensatory failure as manifested here.

The important question to the patient, and should be to us as well, is—can we offer him any hope of relief? Much can be done to relieve his distressing symptoms and prolong his life, if he is so situated that he can follow out implicitly the course of treatment I shall suggest.

Owing to the various complications, much skill is required to secure the most satisfactory results. The most important consideration just now is that of the

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Unnecessarily prolonging the systole deprives the heart of blood by cutting short the supply during diastole.—Brunton.

Rising blood-pressure slows the heart by raising tone of vagus center; falling pressure vice versa; automatic.—Brunton.

heart. The patient should be put at once to bed and absolute rest maintained for a while. Having to deal with a damaged heart muscle and badly damaged valves, it is necessary to give the patient some cardiac medicament. But simultaneously with the administration of cardiants, hydragogue cathartics should be given, but the patient should not be allowed to get out of bed to move the bowels, but make use of the bed pan.

Some authorities will tell you in such a case as this with marked arterial obstruction, especially a nephritic, that digitalis is unsafe. I do not believe the drug is contraindicated here if properly given and associated with a vasodilator. I will specifically outline the treatment the patient should have.

Put him absolutely at rest in bed. Begin at once with full doses of saline laxative repeated every two hours until free watery evacuations from the bowels occur, then keep the bowels freely open every day, with the same remedy, regulating the size of and the intervals between the doses by the effect produced. This will not only reduce the dropsy, favor elimination, but greatly relieve the work of the kidneys.

To strengthen the heart muscle and improve the circulation, give him two to four granules of digitalin (gr. 1-67 each) every two or three hours and with each dose of this 1-134 grain of veratrine to counteract the contracting influence of the digitalin on the arterioles. This treatment should be continued for two or three days or until the condition of the heart is better and compensation fairly well established, when it might be well substituted for the digitalin and veratrine; strophanthin, gr. 1-134, and

strychnine in doses of say, 1-40 grain, or even smaller, every three or four hours, according to their effect on the circulation. Potassium iodide should be given in 4 or 5 grain doses three times a day, in water after eating. This will have a beneficial influence on the degenerated arteries and at the same time exercise a mild alterative influence as an antisyphilitic. Later the patient should be put on Basham's mixture.

Gentle massage of the entire body but especially of the extremities should be given once a day at least. This will improve the venous circulation, strengthen the ventricular systole and favor both absorption and elimination.

For some time the diet should consist principally of milk, small quantities being given at a time and at intervals of about two hours. Meats, meat broths, etc., should be prohibited at first. As the patient's condition improves, a little chicken or veal may be given him, and gradually more and more solid food. The tendency with many physicians is to over feed in these cases. A moderately restricted diet, is, as a rule, best. Alcohol and tobacco should be prohibited.

As the patient improves, a moderate amount of exercise in the open air should be indulged in, care being taken not to exercise to the extent of producing dyspnea or palpitation. When the pulse is made slower, the respiration easier and the general comfort and well-being of the patient enhanced, you may know that the exercise employed is beneficial.

A full bath at a temperature of 98° to 100° F., taken before breakfast, is often of value. During the bath the body should be gently rubbed by an assistant, and the duration of the bath

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With increased heart force blood pressure and pulse rate rise together; raise arteriole tone and pulse slows.—Brunton.

Digitalis contracts the arterioles so that the fall of blood pressure is much slower during cardiac diastole.—Brunton.

should not exceed ten minutes. After removal the patient should be rapidly dried and rubbed down when he should be put to bed and allowed to rest quietly for an hour.

During the bath the patient should lie quietly, making no unnecessary exertion. Should he show any evidences of cyanosis, apnea, or should the pulse become more irregular, he should be removed from the bath at once, rubbed

down and put to bed, remaining there until all bad symptoms have disappeared.

Now this is practically the line of treatment I should adopt in this case, although I might have to vary the treatment some, should indications demand it. Each individual is a law unto himself, and you should remember, always, that you are treating an individual and not a disease.

Chicago, Illinois.

## THE ACUTE DISEASES OF CHILDREN.

BY GEO. H. CANDLER, M. D.

### II. MEASLES AND CHICKEN-POX.

**M**EASLES (*rubeola*, *morbilli*) is without question the most common of all the eruptive fevers, few children escaping the disease. It is, from the first, extremely contagious and while not often dangerous in itself, frequently prepares the way for more serious disorders. Otitis is especially to be guarded against and laryngitis and bronchopneumonia frequently complicate matters. The absolute necessity for constant and minute attention to the toilet of the nose, mouth and throat will be apparent.

A microörganism, not yet identified, is supposed to be the primal cause of the disease; the infection in air-borne, children frequently contracting the disease from occupying the same room at school or even passing the house of an infected individual. The germ has not the resistant power possessed by the microörganism of scarlatina, free exposure of clothing to air and sunlight seemingly soon causing its destruction; it is always wise, however, to thoroughly disinfect

all clothing and the premises probably infected, after a case of measles. In very rare cases the disease has been conveyed by a third person, the parent, doctor or nurse, but as a rule direct contact is necessary. The prodromal symptoms are often slight and the patient developing measles—infectious even at this early stage—plays with other children or attends school till the appearance of the rash attracts attention.

The fact that very young children, nursing infants especially, do not readily contract measles is proven beyond question, yet the exceptions are many, the writer having seen an entire family, from grandmother to nursing infant, contract measles from a ten-year-old girl.

*Incubation.*—The incubative period is from ten to fourteen days, the disease usually appearing within ten days after exposure.

The first *symptoms* are usually a marked coryza with some headache and sore-throat; the cough is often trouble-

The contraction of the arterioles by digitalis raises an obstacle to the work of the heart; may be dangerous.

Intestinal vessels contract greatly on stimulation of vasomotor centers; those of the muscles but slightly.—Brunton.

some, being frequent and violent, occasionally provoking vomiting. Upon examination the tonsils and fauces will be found congested and, if a careful survey of the hard palate and buccal mucosa is made, minute red spots may be noted upon the roof of the mouth, while minute, bluish-white macules (Koplik's spots) appear upon the mucous lining of the cheeks. These become more apparent, often, if the mouth is kept open for a minute and slight tension is made upon the cheek by pressure with the finger tip, hooked within the corner of the mouth.

The child may complain of backache, lack of appetite and smarting of the eyes; in many cases the light proves disagreeable and the little patient seeks the dark corners. Listlessness is general in younger children. There may or may not be some elevation of temperature, though I have frequently noted a rise of half a degree the day before the spots were discoverable upon the buccal mucosa. It might be observed here, that it is well to examine suspected cases twice daily, and with artificial light, as the macules (usually opposite the molars) are not always easily seen, although they are present in nearly every well-marked case. Their value in making an early and positive diagnosis cannot be overestimated since they appear in none of the other eruptive fevers.

Once the rash appears upon the face (usually three to four days later) they fade entirely away. This should be remembered, as physicians have given a negative diagnosis because Koplik's spots were not to be found, though the typical eruption of measles existed on the

body. Quite frequently the doctor does not see the patient till the rash has developed and fever is marked, but in every case of coryza with cough and malaise we should examine the mouth carefully, as we may thus materially mitigate the symptoms and even shorten the course of the disease.

The rash appears first upon the face—usually about the ears, mouth and nose and may be looked for on the third or fourth day after the coryza has set in. In some cases the eruption is thickest about the hair on the neck and resembles nothing so much as a number of flea-bites. Hour by hour the eruption spreads until the entire face is patched with small, dark red macules. In places the skin is unaffected, in others the spots coalesce. Some swelling may occur, the eyes especially becoming puffed, and crusts may form about the nasal openings. In severe cases the features become unrecognizable. Within two days the rash is fully "out" and may become papular. As a rule, about the second day the eruption spreads to the chest, back and arms and, last of all, the trunk and extremities suffer. It is not uncommon to see cases without any eruption below the knees, but it is a rule for the rash to fade from the face about the time that spots appear upon the lower limbs.

Desquamation begins immediately after the eruption disappears, beginning naturally upon the face and following downwards. The skin is shed in fine bran-like particles and the child becomes less dangerous as the desquamation proceeds. In three weeks from the time of attack the danger of contagion is, as a rule, over. In mild cases desquamation

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Arterioles contract by their smooth muscular fibers; dilate by elasticity and pressure of fluid contents.—Brunton.

J. B. Roberts unkindly hints that the testimony of doctors in damage suits is influenced by success insuring fees.

is slight; here the eruption has been marked and there has been considerable fever. The process lasts from eight days to two weeks—the latter period being a safe limit.

The temperature is usually at its highest during the appearance of the rash; it reaches this point, in typical cases, about the second day—when the face is covered with macules; 104° to 105° F. is not uncommon, though under modern treatment, instituted early, it rarely exceeds 102° F. At this period discomfort is likely to be extreme; the skin itches and burns, the eyes and nose run profusely, the tongue is coated and the cough frequent and severe. The conjunctivæ are injected and muco-pus may exude and fasten the eyelids together. This never occurs if proper treatment is instituted.

The tongue of measles somewhat resembles that of scarlet fever but the papillæ are not as prominent and the edges have not the characteristic redness. In cases seen at this time constipation is the rule; but diarrhea may be present and this symptom calls for prompt remedial measures—ileocolitis being always possible. There is more or less difficulty in deglutition, the tonsils and fauces being swollen. The glands (sub-maxillary and post-cervical) may be swollen, indeed usually are. Under proper treatment the rash declines about the third or fourth day and as it fades the fever falls, the cough lessens and the patient feels better generally. By the time desquamation has well set in the trouble in uncomplicated cases is to keep the patient in bed.

*Atypical Cases.*—Occasionally the attack is sudden, high fever coming on

within a few hours and the child showing every sign of profound toxemia. Here the rash may appear almost with the fever and in less than a day cover the entire body. In exceptional cases it may be hemorrhagic—"black measles." It is a question whether this is not after all a mixed infection: I have noticed that such cases convey a similar contagion in nearly every instance. In such patients the temperature runs high and exhaustion soon follows. While not necessarily fatal the prognosis is bad.

In some severe cases the rash is very scanty and appears late, but every other symptom is accentuated. Again, the spots may be few and faint, scarcely invading the body at all; the fever is moderate and the child scarcely complains. If allowed to run loose, however, severe symptoms may develop. A patient who has measles *must* always be kept in bed till the disease has run its course. In rare instances the rash disappears, severe prostration ensues and later the eruption redevelops with increased severity. Mild cases are not always to be easily distinguished from rubella, but the typical smell of the measles' patient when desquamating will never be mistaken!

*Prognosis.*—In ordinary cases excellent; in cases complicated by bronchopneumonia or ileocolitis guarded. The necessity for careful attention to eyes and ears must be impressed upon the nurse.

*Differential Diagnosis.*—*Rubella* is so closely allied to measles that it is frequently confounded with the latter disease. Koplik's spots (the bluish-white macules upon the buccal mucosa) are, however, never present in rubella. The fever is slight, coryza hardly notice-

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Very dilute alkalis cause great contraction of the vessels, sometimes almost entirely stopping the flow of blood.—Brunton.

Dilute acids dilate vessels and increase exudation of fluid producing edema of surrounding tissues.—Brunton.

able—if present at all—and the rash is usually the first thing to attract attention. However, there may be some malaise, vomiting or headache. Occasionally severe systemic disturbances occur. The disease is contagious, having an incubative period of two to three weeks. Measles and scarlet fever do not protect against rubella and the whole trio may occur in the one person within a year. The rash tells the story. Appearing first (as a rule) upon the face it covers within a few hours the chest and body; the spots are generally pale red in color and often pinhead in size, sometimes even resembling scarlet fever. Discrete maculo-papules may be found about the wrist or forehead in nearly all cases however. The whole eruption may fade in one day or last two and the fever rarely exceeds 101° F. Glandular swelling is common but also transient and desquamation is often absent, though it is best to have the patient take a series of antiseptic baths. The disease is of little importance and the main thing is to treat symptoms—clean out and keep clean—mouth, nose, intestine and skin, and prevent others from contracting the disorder. Many a case of rubella has been termed rubiola and the physician has gloried in the prompt manner in which he vanquished the disease.

*Scarlet Fever.*—Here the invasion is abrupt and symptoms severe. Koplik's spots are lacking and coryza absent. The temperature runs up to 104° to 105° F., without any sign of eruption save perhaps a congestion of fauces and tonsils, while "red-pepper" spots may be noted on the roof of the mouth. Headache is marked, sore-throat distressing and prostration profound even early. The

rash appears first upon neck or chest, rarely about groins, axillæ or buttocks. There are no macules, the skin assuming a red tint. About the mouth and nose white areas will be noted. There can be no possible misconception of the condition, once eruption occurs. Sore-throat, without cough and coryza, vomiting, prostration, severe headache and pain in back with high temperature usually mean scarlatina. In from twelve to thirty-six hours the eruption will decide the diagnosis.

*Treatment.*—Most writers assert that measles is a self-limited disease and that treatment is useless. We beg to differ. All germ diseases are "self-limited" if left to themselves, but the doctor is supposed to be able to check their progress. In measles he can undoubtedly do this. He can, moreover, see to it that complications are prevented and serious sequelæ avoided. Measles, accompanied by pneumonia, proves extremely fatal—but pneumonia should not be allowed to occur. Otitis, as a complication, causes many cases of deafness; otitis need not develop. The catarrhal angina which always exists requires attention, most certainly, and the microorganism may just as well be destroyed, as left to do harikari when satisfied he can do no more damage!

The best way to treat measles is to begin early and saturate the patient with calcium sulphide, at the same time exhibiting small doses of quinine (the arsenate or hydroferrocyanide) and nuclein. In order to secure normal intestinal conditions it is well to exhibit blue mass and soda, gr. 1 (or calomel gr. 1-6 to 1-10 according to age) every hour for four doses, adding gr. 1-12 of pod-

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Potassium chloride causes great contraction of vessels; barium, calcium and strontium less but still some.—Brunton.

Lithium, magnesium, cadmium, nickel and cobalt cause slight contraction of blood vessels; aluminum only in 1 per cent solutions.



ophyllin to each dose. One hour after the last dose a saline draught is given and after the bowels have moved freely a warm enema of saline solution or, better still, a mild alkaline antiseptic. The child is of course placed in bed, and mouth, nostrils and fauces are rinsed, sprayed or gargled with a mentholated alkaline antiseptic. The ears are carefully syringed with a warm boric acid solution, and then two minims of campho-menthol in petrolatum are dropped into the canal.

The child is stripped, piece by piece, and sponged with a solution of magnesium sulphate, carbolated, at body temperature. The solution is made as follows: In a quart of water, which has just boiled, two ounces of magnesium sulphate is placed; the salt is thoroughly dissolved by stirring, and then ten minims of carbolic acid is added. This lotion should be used twice daily throughout the course of all the eruptive fevers; it lessens irritation, prevents infection, keeps the pores open and active, and generally soothes and quiets the patient. Care should be taken to sponge only a part of the body at a time, and to *keep the solution just a degree or two warmer than the body*.

Nuclein, gr. 4 to 6, should be given three times a day and calcium sulphide, gr. 1-6, every hour for forty-eight hours, then every two. Till the rash is pronounced quinine arsenate, gr. 1-67, may be exhibited every three or four hours, making way as the fever rises and rash appears for a solution of gelseminine (or aconitine) and echinacea. The dosage of gelseminine or aconitine varies, but enough should be given to keep the temperature below 102° F. If, however, the

bowel has been emptied, and the skin kept clean, the calcium sulphide and nuclein will prevent hyperpyrexia. In fact, fever under this treatment is so slight as to be of no moment.

In the room upon a small lamp a tin containing boiling water should be placed and eucalyptol and turpentine, twenty drops of each, should be dropped therein every four hours. The medicated steam serves to control bronchial symptoms. The enema is repeated each day for the first four days, when, usually, all symptoms have ceased.

If cough is at all severe a few doses of calx iodata will control it. Diarrhea will yield to the sulphocarbolates, gr. 2 every three hours, added to above measures. Occasionally renal action is deficient, even the daily saline (which should *always* be given) failing to promote a free flow of urine. Barley water should then be taken *ad lib*, with gr. 1-3 barosmin every three hours. Excessive urination with signs of renal irritation will call for arbutin, gr. 1, at equal intervals. Otitis yields promptly to heat and instillations of eucophenaristol in petrolatum.

The diet should be light: barley-water, gruels, fruit juices, custard and light broths, with stale bread, zwieback and crackers being ample at first. Later a mixed easily-digested diet may be given. Tonics are essential, the arsenates of iron, quinine and strychnine being the best for general use. Special indications must be met as they arise. The more pronounced the infection the more need for the systemic antiseptics (calcium sulphide, nuclein and echinacea) and the more essential the enema, saline draught and sponge bath. In some few cases

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Barium causes rapid contraction of blood vessels; calcium and strontium gradual; iron slow contraction.—Brunton.

Every man being his own criterion it is always the other doctor who hyper medicates.—W. C. Cooper, in "Preventive Medicine."

intestinal antiseptics are demanded; here again the sulphocarbolates will be found invaluable. If constipation exists the calcium and sodium salts should be given, zinc proving too astringent.

#### VARICELLA.

Varicella (chicken-pox) is an extremely infectious disease which affects children under fourteen usually, though adults may contract it. The specific germ has not yet been isolated. Contagion is spread by fomites, contact not being necessary. One attack renders the patient immune.

The period of *incubation* is usually two weeks, though the eruption has been seen ten days after exposure and has been delayed for twenty-one days.

The disease presents in various forms; prodromata may be entirely absent, though careful inquiry will usually develop the fact that the child has been constipated, peevish and inclined to neglect its food. Headache, malaise, chills and slight fever may usher in the eruption, though in many cases the typical spots are the first thing to attract attention. These usually appear upon the trunk, being scattered over chest, abdomen and back.

At first the papule is small, slightly elevated and surrounded by an erythematous ring; at this time the fever usually reaches 101° to 102° F. During the second day the first spots become vesicular, each looking like a minute cantharidal blister upon a pimple. In a day or so this vesicle sinks in the center and a typical umbilicated pock presents. In another day or two this dries, and a brownish crust separates leaving a whitened area beneath. During this time other crops of papules have appeared so

that on the one patient we can find the new papule, the full vesicle, the umbilicated variety and dry crusts, with here and there white spots showing recent separation of scab. On the face or other exposed areas infection of the vesicle is likely to occur, a pustule resulting; these may prove slow to heal and leave typical white depressions which closely resemble the "pit" of variola. A fatal variety of the disease is known—*varicella gangrenosa*—but fortunately it is extremely rare.

The *diagnosis* is easily made from the successive crops of papules, the course of the lesions and absence of systemic disturbances. The hands and feet are rarely affected; the face usually escapes lightly.

Erysipelas is a possible complication and quite often there is a more or less obstinate adenitis. Nephritis not infrequently has its origin in an attack of varicella improperly treated. The laity have a habit of greasing the skin, which serves to confine the toxins and limit excretion of effete matter. The physician should impress upon his clientele the necessity for elimination and proper care in this as in all other germ invasions.

*Treatment.*—This is simple enough but "the right thing" here as elsewhere speedily mitigates the entire process. The bowels should be thoroughly evacuated with fractional doses of calomel and iridin—gr. 1-6 each, hourly for six doses, being usually sufficient. This medication may well be given in the evening and the next morning a saline effervescent (magnesium sulphate) draught should be exhibited the first thing. Every other night the calomel and iridin should be repeated and the saline exhibited daily.

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Mental phimosis can not be cured by circumcision. Podophyllin won't reach a constipated pocket-book.—Cooper.

Diagnosis is the trigger of prognosis. To antiphlogisticate is to fight Nature. Tissue-food is myth-food.—Cooper.

Calcium sulphide and arsenic sulphide are the two main remedies; the administration of gr. 1-3 of calcium sulphide every two hours and gr. 1-67 of arsenic sulphide after each meal checking the disease within four days. The papules cease to appear, the few vesicles shrink and rapidly dry up and normal conditions are reestablished.

If the skin is well sponged with a solution of sodium chloride to which a little cinnamon water has been added (or even a weak carbolyzed solution), the irritation will subside and infection is less probable. Vesicles upon the face should be opened with a fine needle and covered with aristol collodion. Infected vesicles should be cleansed with peroxide of hydrogen and touched with pure turpentine or dusted with aristol or eucophen. Thuja applied to the vesicles promptly dries them up. In strumous, ill-fed children, free elimination *must* be maintained and the triple arsenates, with stillingia and echinacea, exhibited for some days. In one series of cases treated by the writer, after thorough elimination was secured, ichthyol was given, gr. 1 every three hours, and the entire body bathed with a solution of ichthyol one dram, glycerin one ounce, water one pint. In five days there was not a sign of varicella to be seen in four out of the five cases, the latter having two infected vesicles upon the face which healed three days later. It is probable that carbenzol would prove even more efficacious.

It may be well to call attention here to the fact that occasionally a severe type of varicella becomes practically epidemic in certain localities, and physicians have from time to time reported such cases as being a mild form of variola. "Cu-

ban itch," "miner's pock," and various other terms, have been used to describe indiscriminately cases of true smallpox and a severe type of varicella. There is no basal induration in varicella, the typical "shotty" feel never being present; moreover, in chicken-pox the mucous surfaces are not affected and the *mature* vesicle is flat and finally presents a brownish scab. Umbilication is not pronounced in any case of varicella and transient always. Pustules only present when infection of the contents of vesicle occurs. There is no odor in varicella; in variola it is distinctive.

There is unquestionably occurring at present—and has been for some five years past—a peculiar eruptive disease which is neither variola nor varicella of the usual type and physicians treating these cases should carefully note the symptoms and clinical phenomena presenting in all their cases, reporting these for comparison. The very unsatisfactory terms describing this "bastard" disease fail to convey a true idea of its character. The fact that some doctors report patients as suffering from second and third attacks proves the disorder to be peculiar. Variola does not protect against varicella and *vice versa*, but the former disease rarely occurs in the same patient twice and the latter never.

Chicago, Illinois.

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The next article in this series will deal with "Mumps, Erysipelas and Glandular Fever." We hope that every reader of CLINICAL MEDICINE is following carefully these articles from month to month. There is too much of a tendency to take things for granted in the treatment of the infectious diseases—to

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To stimulate is to borrow from a bankrupt future. The anodyne cheats the patient and blindfolds the doctor.—Cooper.

The degree to which a drug antipyretic reduces temperature is exactly that to which it reduces the patient.—Cooper.

believe that Nature will take care of the patient and that whether he lives or dies the responsibility is not yours. It is yours! Much can be done! Intelli-

gent and common-sense metho. this now, mean the saving of a life—a very it. cious life. Dr. Candler is giving us *con-* *monsense*—that's all.—Ed.

## FOOD IS FOOD AND MEDICINE IS MEDICINE.

BY WILLIAM COLBY COOPER, M. D.

THE above title constitutes one of the axioms in my little book "Preventive Medicine", etc., recently put on the market. It is not astonishing that nearly all doctors question the axiomship of the proposition. Through all the past it seems to have gone without the saying, that food merges into drugs, and *vice versa*. The axiom, therefore, collides with a fixed conviction which is the outcome of heredity, and which is buttressed by the sancity of classicism. Much hard thinking on the subject has convinced me that it is as assuredly self-justified as any axiom in mathematics. A discussion of the question has, for some time, been going on (by letter) between myself and that very able medical philosopher, Professor W. F. Waugh. In a most brilliant and compelling paper the Professor tentatively half affirms the usual contention of the profession on the question. I am nearly persuaded that our correspondence has led to a revision of his original provisional conclusion in the matter. Anyhow he asked me to write a paper on the subject and this article is written in response to that request.

First, if food and medicine terminate in identity, there would be no philological excuse for the use of distinctive terms in relation to them—they, not it. It is not as if you would call a horse a nag,

for the term "nag" is not used for a distinguishing reason. A nag is always a horse, but the word "food" carries no drug idea in itself, any more than the word "drug" carries in itself the food idea. The word food is opposingly related to the word drug. We have to have the two distinguishing words—we don't have to have the word, nag. By very linguistic necessity then, the offices of "food," and "drug" are distinctive ones. Whence it inevitably follows that a food is a food and a drug is a drug.

Fundamental to all facts are the distinctifying ones — homogeneity and heterogeneity. There can be no exception to this, because, in the last analysis a thing is what it is because it is not anything else.

This would not be affected by the ultimate truth of monism, because we live in the *proximate*. *Betweenness* is the first necessity of being, and its significance holds the last possibility of things. A *homing* impulse is necessarily related to every individual thing, whence the fact of homogeneity, and therefore too, whence the fact of heterogeneity. Each cell of our tissues is an individual by virtue of peculiarity in endowment. Each cell, like everything else, is perpetually in relation with a self-conserving stress and counterstress. Self perpetuity is the prime fact of the primal

Rational empiricism is the condition precedent to rational clinicism. Beauty is the map of health.—Cooper.

The appendix is the surgical center of gravity. Gelsemium is bryonia's right bower; belladonna is aconite's.—Cooper.

Calcium ing. Each cell, therefore, accepts *its own*, i. e., what is homogeneous to it, and rejects what is *not its own*, i. e., what is heterogenous to it. The lime cell for instance, elects lime (not free lime, but nature's lime) out of the blood current. *It cannot possibly select anything else*, for it cannot transcend itself. Dear Doctor, *tamp this vital fact into your consciousness* for upon an ignorance of, or a disregard for this fact depends one-half of therapeutic error. The function of the cell (aside from self-conservation in which the same limitations exist) is to accept homogeneous material and reject heterogeneous matter. In the mystic arcanum where the cells themselves are evolved the same principle must hold. Back of this and into the material prophecy of the cell, we may not go. We seem barred from this by the same veil which separates us from God Immanent. But it is eternally *betweenness*—like opposed to unlike.

The blood is the polyglot tissue which appeals to all the other tissues. Its various elements are responded to by the cells that speak the particular language of a particular element. The cells are not linguists—each cell speaks but *one* language. The iron cell cannot understand the lime language, for instance. The phosphorus cell cannot understand either of these. *None of the cells* can understand the language of *free* (chemical) lime, iron, phosphorus, strychnia, arsenic, aconite, belladonna, etc., etc., while the tissue building cells are severally alien to each other dosimetrically, they are alien *en masse* to the foreigner, such as aconite, for instance. This is because aconite is not a tissue constituent. Chemical iron is just as foreign to

the cell as aconite, and one is as promptly rejected as the other. Only when the chemist can precisely duplicate natural food iron, will he succeed in having it assimilated, and then it would have no excuse for existence, since the table furnishes all the food iron the system can take up, and a good deal more. Chemical iron is not a food, and if it possess any medicinal property besides astringency, I do not know what it is. Lime, phosphorus, etc., are useful drugs, but they are not tissue foods. There is not, and in the nature of things, never can be a *direct* tissue food.

There is no article of diet in which a food principle and a drug principle merge into identity. This is because nature is self consistent throughout. Prunes contain an aperient element. It is not assimilated, but performs its drug function and is eliminated. The same is true of asparagus in reference to diuresis. Whether common salt is all a food or not I do not know. Certainly the various spices are not. It is not surprising therefore that they promote indigestion. Coffee and tea contain drugs and these drugs being true to themselves—always produce their peculiar drug effects. A food is never a drug because no two things can be simultaneously different and not different. No one can possibly deny that the toxic element of coffee is *different* from its nutritious element.

Drugs are foreign to and are enemies of the animal organism. That is the *only* reason drugs can be *curatively* applied. The only reason for this is that drugs cure by shock. A particular drug will (through a specific hostile affinity) address itself to a particular tissue. The

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Veratrum and bryonia—pneumonia knock-out drops. Podophyllin is ambidextrous. Digitalis is a sneak and an assassin.—Cooper.

A poultice draws on the imagination of the credulous. Strychnine is purely a stimulant. Liniment is just liniment.—Cooper.

tissue resents it and the perturbation attending the repulsion distracts the morbid into the normal trend. I have not

time nor space to enlarge on this now, but I beg you, Doctor to *think* of it.  
Cleves, Ohio.

### CHOLERA INFANTUM.\*

BY W. J. POLLOCK, M. D.

**C**HOLERA Infantum is an acute intestinal inflammation of infants characterized by its sudden onset, high temperature, vomiting, characteristic frequent evacuations from the bowels, loss of appetite, soon followed by collapse.

Probably the great factors in causing this disease could be placed under the following heads: First, temperature; second, diet; third, hygienic surroundings. Over ninety-five per cent of the cases of cholera infantum occur during the hot days from June first to November first.

By some physicians, many of these cases are considered as cases of heat stroke. There is no doubt that in many cases the constitutional depression produced by the high atmospheric temperature may seriously interfere with proper digestion, or that the great thirst caused by excessive perspiration may lead to over-feeding and thus to digestive troubles.

While this may be true of a small percentage of cases, it is not a satisfactory explanation of all cases, for it is now believed by many that the disease is largely due to infectious bacteria, for the following reasons:

1. That if it was the external temperature alone which was the primary cause, then breast-fed children would be

as prone to the disease as artificially-fed infants, which is not the case, for a very high percentage of these sufferers are those brought up either wholly or partially on artificial foods.

2. During the time when the disease is not prevalent the external temperature favors the development of bacteria in cows' milk.

3. The imperfect digestion and delayed absorption favor the development of poisonous substances produced by chemical changes in food within the intestines by bacteria ordinarily inactive. Unhygienic surroundings favor the development of bacteria in the artificial foods under the conditions just stated.

You no doubt have all seen places where the utensils in which the foods are prepared and kept, are not thoroughly cleansed, nursing bottles and nipples which are not washed from one feeding to the next. Soiled napkins are left lying in the room where the child is kept, or if not lying there, are washed out and dried by the same fire which furnishes heat for the room in which the child is living. All these things help to lower the vitality of the child and favor development of bacteria in the food used.

The symptoms come on suddenly. The child voids frequent and immense stools, at first fecal, soon becoming watery, yellow or greenish in color, and

\*Read at the meeting of the Illinois Eclectic State Medical Society.

Don't whip the struggling heart in pneumonia—whip the cause of its struggles. Fever powders are death's messengers.—Cooper.

The microbe of laziness is very industrious. Medicate cautiously; don't throw a boulder at a gnat.—Cooper.

later they may be so thin and watery as to pass through the napkin, leaving only a slight stain.

At first the stools have a very strong offensive odor, but later they may become almost odorless. The number of stools may vary from six to fifty or sixty per day and they are usually evacuated with considerable force. The stomach may become irritable, the patient vomiting everything taken. The appetite is lost and thirst is intense on account of the loss of fluids from the body.

The tongue at first is moist but soon becomes dry and pasty. The abdomen may become greatly distended with gas or may be collapsed. The temperature is high, 104° to 108° F. Pulse small and frequent, 130 to 180 beats per minute. The breathing is shallow, irregular, the eyes anxious and staring at first but as case progresses they become dull. The urine is greatly diminished in quantity.

The face becomes pale and pinched, eyes and cheeks sunken and eyelids and mouth partially closed, muscles flabby. The whole intestinal tube shows an early stage of inflammation. The sympathetic nerves supplying the small arterioles in the intestinal walls seem to become paralyzed by the toxins developed, causing a dilation of the vessels and transudation of serum into the intestines and alteration of pulse.

*Treatment.*—In the treatment of the attack it is absolutely necessary that the hygienic surroundings of the patient be carefully studied. The child should be in a large, airy, well-ventilated room, napkins and other clothing removed as soon as soiled, the child bathed and kept clean, the nursing bottles and napkins kept clean; if possible get the child out in

and keep it in the open air.

I would stop all food if there is irritability of the stomach. Thirst may be allayed by toast water, rice water, albumen water, each with a little brandy.

If thirst is intense and there has been a great loss of fluids from the tissues, injection of normal salt solution into the cellular tissues, in quantities of eight ounces (250 Cc) to one pint (500 Cc) at a time.

The intestinal tract should be thoroughly cleansed by a saline enema and then inject four ounces (120 Cc) normal salt solution per rectum and allow to remain. Temperature should be reduced by sponging with water and alcohol (three to one), fanning the patient dry.

An ice-bag or large cloth wrung out of cool water and alcohol should be applied to the head.

The remedies most commonly indicated are, for the irritable condition of the stomach where the tongue is elongated and pointed, edges red, specific amygdalus, min. 2 to 5; specific ipecac, min. 1-8 every hour.

The spasmodic, colicky, griping pain in stomach and intestines is controlled nicely by specific dioscorea, min. 2 every hour.

The acid condition present in stomach and bowels is easily controlled by syrup of rhubarb and potassium compound in doses of ten minims every hour.

Bismuth subnitrate, gr. 1 to 3 at a dose, can be given very nicely with the specific amygdalus or specific ipecac and the neutralizing cordial.

There are many other remedies which at times are indicated and a close study of the case will point to their use.

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When the professional abortionist dies he will have to climb up to get into hell.—W. C. Cooper, "*Preventive Medicine*."

Surgical gynecology will stand much neglect. Nature's cruelty is nature's necessity. Eliminate all the "ifs" you can.—Cooper.

Early in the treatment of these cases I begin the use of brandy in the water as a stimulant and continue its use throughout the course of the disease.

Chicago, Illinois.

#### DISCUSSION.

DR. TALLERDAY. During my practice in the country for the last twenty-four years I have noticed that cholera infantum occurs when the farmers begin to feed fresh corn. I have traced it up and have traced every case, where the child uses milk, to the milk of the cow that is being fed fresh corn. Stop that and it is nearly all the treatment the child requires.

DR. THORNTON. It seems to me this is too important a question to let pass without more attention. I first wash out the bowels with a solution of normal salt, and keep them clean. During the summer time when I have these cases I carry a catheter with me, first wash out the bowel myself, then teach the mother how. For diet I use meat juice from a round steak. In order to get this juice I put the meat through a utensil called a meat juicer. A pound of steak will make six ounces of juice. I dilute the juice with sterile water and season with salt. If the child is unable to take this and retain it, I have them use it per enema.

DR. ABBOTT. As our babies should have the best of care I think this question, now before the Society should have our most careful attention. We have this physical disequilibrium which we choose to call cholera infantum. If I was going to hit a man I would try to hit him first and hit him hard, so with a disease I would hit it hard and hit it quick. Treat the disease according to the indica-

tions. First remove from the alimentary canal the toxins; next, as the vasomotor system is in a state of paresis, with a paresis of the internal and a spasm of the external capillaries, most cases are found pallid and in collapse—then remember belladonna and its preparations. This will dilate the external capillaries and we have taken a long step towards a cure.

DR. DUNN. The best treatment is to imitate nature. We often do too much, for the tendency is to recover. At the very onset of this disease we note vomiting and diarrhea, and sometimes both. Nature is bent upon getting rid of these disturbing toxins. I live in the country where we give castor oil. It does no harm and certainly does clean out the alimentary canal. Then we have removed the very thing that caused the trouble. The trouble was undigested food. I would use belladonna as I believe I know what belladonna does. I don't use much medicine but I do withhold the food. I would not give much of the arterial sedatives, but I would use subnitrate of bismuth. I would not use the more powerful astringents.

DR. H. K. WHITFORD. I have treated cholera infantum for fifty years. It is a disease very similiar to Asiatic cholera. The first patient I ever had in Chicago was suffering from Asiatic cholera. I cured my patient. In cholera infantum as well as in Asiatic cholera there is no rise of temperature, in other words there is no fever; instead there is a state of collapse and I use stimulants. Belladonna is a grand remedy in this condition and I always use it combined with camphor. There is no doubt but what camphor is one of the most valuable remedies in the treatment of this disease.

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Mind is the master weaver; of the inner garment of character and the outer garment of circumstance.—James Allen.

The heart of humanity is hungry. Its needs are many because of the dimness of vision that produces false conceptions of Truth.



After the patient has rallied from the state of collapse I then use neutralizing cordial in small doses, frequently repeated, until the patient has recovered. I have treated a great many cases, both of cholera infantum and Asiatic cholera and have saved a great many lives.

DR. POLLOCK. This brings to my mind a case recently treated by myself. The patient had been sick for several days and had been treated with small doses of calomel. The patient continued vomiting and the diarrhea was not controlled; but under the treatment recommended in this paper made a rapid recovery, and, I, like Prof. Whitford, do not believe in the use of calomel in these cases.

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Right here the editor of CLINICAL MEDICINE can not resist the temptation to "butt in" to the discussion of this interesting subject. For many years we have had "notions" concerning the treatment of cholera infantum, which are well known to the "family."

While in the main commending the treatment of the essayist and endorsing the remarks of those taking part in the discussion, we feel that it stopped too soon. These little patients are suffering from acute poisoning with a toxin generated in decomposing food, usually milk. The first thing to do, therefore,

is to get the poison out. We wash out the lower bowel with normal salt solution, allowing a portion to remain and be absorbed if possible, to make good the loss of body fluids. If vomiting is excessive so that nothing is retained on the stomach we also wash out that organ, using a soft rubber catheter for a stomach tube. This is rarely necessary, however, if treatment is commenced early. Usually a few repeated very small doses of calomel stop the vomiting or partially control it; then we flush the whole canal with our saline lemonade, which is readily taken and retained where castor oil would be rejected. While we are doing this we are not neglectful of the vasomotor condition, the coldness and pallor of the skin, which shows the overpowering shock inflicted by the poison. Atropine, or hyoscyamine, is the indicated remedy and should be given to effect—increased color and warmth of the extremities. In many cases the addition of a little brucine will commend itself to the physician. Great depression calls for this. Now—with a sedated stomach, and the contracted skin vessels beginning to yield to our dilators we add the sulphocarbolates to combat, right on the spot, the bacteria and the poisons they are generating, and in the majority of cases a cure may be expected. Try this and tell us your experience.—ED.

## CRETINISM; INFANTILE MYXEDEMA, JUVENILE MYXEDEMA, CRETINOID IDIOCY.

BY FRED FLETCHER, M. D.

**D**EFINITION: Cretinism is a constitutional malady, characterized clinically by a peculiar type of mental and physical degeneracy and a myxedematous infiltration of the subcu-

taneous structures. Anatomically the most constant lesion is an involvement of the thyroid. The gland may be congenitally absent, atrophied, or its function so perverted that there follows a trend

A man is literally what he thinks, his character being the complete sum of all his thoughts.—James Allen.

Every act of a man springs from the hidden seeds of thought, and could not have appeared without them.—James Allen.

of symptoms suggestive of a remarkable impairment of nutrition.

*Historical.*—Cretinism was recognized as a distinct entity toward the close of the fifteenth century. We find mention of the disease in the writings of Peter van Foreest (1522-1597), Felix Plater (1536-1614) and Giosia Scintero (1574). The famous Alpine traveler, de Saussure, described graphically the symptomatology of cretinism, and in Balzac's "Country Doctor" can be found an interesting picture of the cretin communities of France. Ackermann was first to give the subject scientific consideration, and compiled a work in the year 1790. The nineteenth century gave birth to a prodigious contribution of literature concerning cretinism, and experimental medicine of the succeeding century so revolutionized the views relative to the pathology and treatment of the malady, that thyroid feeding was introduced, and cures effected which mark the "unparalleled achievement" of modern medicine. Osler says: "Our art has made no more brilliant advances than in the cure of disorders due to disturbed function of the thyroid gland. That we can today rescue children otherwise doomed to helpless idiocy—that we can restore to life that hopeless victim of myxedema—is a triumph of experimental medicine for which we are indebted very largely to Victor Horsley and his pupil Murry."

*Varieties and Distribution.*—Two forms of cretinism are recognized, the sporadic and endemic. The disease may occur in any part of the world, but there are certain limited districts in which endemic cretinism seems prone to affect a relatively large number of the inhabitants. As a rule, the epidemicity of cre-

tinism bears a distinct ratio to the prevalence of goiter. The disease occurs endemically in certain parts of Switzerland, England, Germany, Scotland, Italy and Spain. There are no foci of epidemicity in North America at the present time (Osler, 1893). This statement obtains for the present. Goiter is prevalent in Pennsylvania, the Allegheny Valley, New York State, and in the mining districts of Ohio, yet cretinism is comparatively rare.

*Etiology and Pathogenesis.*—The terms "cretinism" and "myxedema" are notoriously confusing to the student. Viewed from an etiologic standpoint, there is simply a distinction without a difference. The two affections are identical in that their basis is a morbid condition of the thyroid gland. Symptomatically, they are much in common, and the difference which they present is due to the time the cretinoid or myxedematous symptoms present themselves. Obviously childhood, a time when the growing system is more impressionable to the deprivation of the thyroid secretions, will show a more marked symptom-complex than that presented by the development of the disease subsequent to a time when the body has reached maturity.

Endemic cretinism is invariably associated with goiter, because of the athyroidism. In sporadic cretinism the thyroid gland is usually absent, or so atrophied that it is functionless. Cretinism follows the total extirpation of the thyroid, when for any physical abnormality such a procedure becomes requisite. Again, it may occur secondary to the sporadic fevers, or may develop seemingly *de novo*, suddenly and with pyrexia, at the end of the fourth or fifth

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Act is the blossom of thoughts; joy and suffering its fruits; thus man garners sweet and bitter fruitage of his husbandry.—Allen.

If a man's mind hath evil thoughts, pain comes on him as comes the wheel the ox behind.

year. A transitory functional disturbance of the thyroid may occasion cretinoid characteristics which will persist until the gland becomes active. Therapeutic results offer the strongest confirmation that the symptom-complex of cretinism is consequent upon a condition of athyroidism.

Certain predisposing factors influence the prevalence of goiter. It particularly



Fig. 1. Cretin (female) before treatment; aged eight years and nine months.

afflicts localities whose soils are rich in lime and magnesia. Poverty, consanguinity, fright during pregnancy, conception during alcoholic intoxication and heredity, especially when the parents are goitrous, are important etiologic elements. Cretinism may be congenital, or occur from the fifth month to the second

year after birth. The disease never develops in a child that remains healthy until the sixth or seventh year. Sporadic cretinism is rarely ever recognized until the sixth or seventh month. Usually at the end of one year the cretinoid characteristics become well marked. Sporadic cretinism occurs more frequently in females than males; the reverse being true in the endemic type.

*Symptomatology.*—Reisman says that there is nothing more characteristic than the physiognomy of a typical cretin, and pictures graphically the type Mafferi calls *Pflanzenmenschen* (plant-men). "The typical cretin is short of stature—a stunted, dwarfish being, with a large head, resting almost upon the shoulders or sinking forward upon the chest. As a rule, the hair is short, coarse, and abundant, though sometimes long and silken, and grows well down over the forehead. The skin is thick, pale, dry, rough, at times scaly, and has a tendency to form thick folds or wattles. The face is stupid, expressionless and repulsive. The eyes gaze vacantly, seldom fixing objects. The nose is short and thick, with a deep-lying root and flaring nostrils.

"The mouth is large; the lips are thick and fleshy, and constantly open, permitting the swollen tongue to protrude and the saliva to drool. The teeth are few in number, large, wide apart, and badly formed. The ears are pale, fleshy, often deformed and usually stand out. Sometimes they are small and grown flat to the head. A short, thick neck, at times deformed by the presence of a goiter, joins the head to the thorax. The latter is disproportionately short, flattened irregularly at the level of the

If one endure in purity of thought, joy follows him as his own shadow—sure. Thought in the mind hath made us.

A noble character is not a thing of favor or chance but the natural result of continued effort in right thinking.—Allen.

lower end of the sternum, and often scoliotic and kyphotic; it is usually smaller in circumference than is normal.

"The breasts in female cretins are either not developed at all or are very large and pendulous. The abdomen is protuberant and inclined to hang downward; often a hernia, either inguinal or umbilical, is present. Lordosis is common. In both sexes the genitalia are usually small and infantile, with absence of hair in the pubic region, but in rare cases the genitalia are excessively developed. The extremities are short, fleshy, and grooved by deep furrows; the feet and hands are large; the nails roughened. Often there is a tendency to bow-legs or knock-knees. Many cretins cannot walk; some cannot even stand unless supported.

"Intellectually, the cretin, as a rule, presents a degree of degeneracy that is on a par with that of its body. His wants are confined to the most rudimentary desires, such as thirst and hunger; and to these, even, he gives expression in ways that are intelligible only to those who are constantly about him. Speech he usually has not, and is able to only make monotonous, inarticulate noises, and does not employ gestures. If he speaks at all, his voice is shrill and unpleasant. He remains in all respects a helpless child, and often wears, even at two score years or more, the garb of childhood."

Add, if you will, to the somatic features he presented, this clinical symptomatology: "A mottled skin, subnormal temperature pronounced muscular weakness, non-palpable thyroid, delayed dentition, supra-clavicular lipomata; a slow, feeble pulse, voracious appetite,

obstinate constipation—a lymphangiomatous condition of the tongue (macroglossia), the myxedematous or gelatinous infiltration of the subcutaneous structures—and you will in no wise overdraw the picture presented even in the advanced forms of sporadic cretinism." (The myxedematous condition of the skin, "cachexia pachydermica," is due to an excess of mucin.)

There are gradations in the symptom-complex of sporadic cretinism, varying from the cretinoid features of the mild forms, to that of the fully developed type. Cretinism is always worse in non-goitrous persons than in those having goiters. The disease reaches its height at the fifteenth year, and remains stationary after the twentieth. A child born with congenital cretinism rarely lives for any great length of time, and those in which the malady shows itself several months after birth are prone to succumb to intercurrent infections.

*Differential Diagnosis.*—Sporadic cretinism very infrequently offers any difficulties in diagnosing. However, the border-line cases—ones which seem to bridge the chasm between idiocy and cretinism, and between dwarfism and cretinism—may occasionally present elements of obscurity which can only be determined by a therapeutic test. As a rule, cretinism can readily be distinguished from dwarfism, infantilism, Mongolian idiocy, and *chondrodystrophia fetalis*.

*Treatment.*—In sporadic cretinism the internal administration of the desiccated thyroid from the sheep will serve the "something" upon which the physical and intellectual development is dependent, and will yield a brilliant result, pro-

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Asthma is never absent from the asthmatic; it may not be manifested often, but it's there like uncured syphilis.—J. N. Swartz.

Asthma: Calceidin, for months; you wouldn't expect mercury to cure syphilis by giving it for only a few days.—J. N. Swartz.

portionately to the early recognition of the malady, the efficiency of and intelligence exhibited in the administration of the drug. The tablet form of administration is preferable, since the quantitative and qualitative composition is approximately uniform. Two grains of the desiccated thyroid are equivalent to five grains of the fresh gland. The average dose of the desiccated powder is from one to five grains, varying with the age of the patient and the condition for which it is used. The incipient doses must of necessity be small, say one-fourth of a grain, once daily, for a child under two years of age. A fractional increase in dosage can be made according to the tolerance of the medicament, and, ere the second week, the tonic dose can usually be decided upon.

In the giving of thyroid extract it becomes of prime importance to guard against untoward effects of the drug. Toxic results are not uncommon, especially in children during the summer months, and mean, coincidentally with their development, a withdrawal of the medicament. The syndrome encountered is one, usually, of sudden onset, and marked by prostration, restlessness, delirium, severe gastrointestinal disturbance, pyrexia and rapid heart action.

The first and most obvious mark of improvement in the treatment of cretinism is a loss of weight. Osler reports a case in which the patient (a cretin) lost thirty pounds during the first six weeks of treatment. This is due to the increased metabolism of the fatty and proteid parts of the body. The diet therefore becomes an important factor in thyroid substitution. Meats should be interdicted, and the patient given a

strictly vegetable regime. This in connection with rest in bed, a general improvement in the hygienic surroundings, will greatly enhance the efficiency of treatment.

Under treatment a wonderful change comes over the cretin: there is a growth in height and a diminution in the general bulk of the body; the myxedematous infiltration, swelling of the tongue, and fatty tumors disappear. The skin becomes moist, the physiognomy changes, the teeth appear, mental stupor lessens, the pulse quickens, the temperature reaches the normal, and the bowels which were obstinately constipated, now move with a surprising degree of regularity. Osler says: "The results, as a rule, are astounding—unparalleled by anything in the whole range of curative measures. Within six weeks a poor, toad-like caricature of humanity may be restored to mental and bodily health."

The secret of success in thyroid substitution is that of a gradual individualization of the patient. Every case of cretinism is a law unto itself, one patient tolerating an enormous dosage, while the other reacts to a minimum amount of the gland. I have never treated a case of cretinism under the age of five years where it was possible to give more than six grains of the desiccated powder *per diem*, without occasioning symptoms of thyroid intoxication. It is advisable to begin with the minimum amount dose and increase gradually until the patient becomes individualized. The best criterion to an increase in dosage is the reaction of the patient, or, in other words, the way in which he tolerates the medicament. The beneficial effects of the thyroid substitution will be lost unless

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Asthma: Strychnine arsenate: virtually "throw it into them," especially in the elderly.  
—J. N. Swartz.

Asthma: Relaxants, antispasmodics, etc., relieve the paroxysms but do not cure; calceidin and strychnine arsenate, long continued.

the drug is continued through the patient's life. It is possible, sub-



Fig. 2. (a) Before treatment; age, four years; weight, twenty-two and one-half pounds.

sequent to a time when a cure seems apparent, to institute a more systematic routine for the giving of the gland, and instead of its daily administration, the "tonic dose" can be decided upon, and ingested at intervals of from seven to thirty days. I have under observation at the present time, a bright, and apparently normal child, who, instead of taking the extract daily, as she did for a long period of time, now receives a five-grain tablet once each week.

Asthma: Search out reflex causes; and do not forget the nose and nasopharynx in your search.—J. N. Swartz, Detroit.

The accompanying photographs show two of the nine cases of cretinism the writer has encountered until two years ago. Photograph No. 2 (a) flatters and in no wise portrays what was otherwise a typical case of sporadic cretinism. Photograph No. 3 (b) shows the same patient, and the result after three months of thyroid treatment. This case was reported in the *Columbus Medical Journal* (1903). Photograph No. 1 illustrates very beautifully an unrecognized case of sporadic cretinism in a female aged eight years and nine months. This patient has made, even after a long void of neglect, a wonderful improvement under persistent treatment.



Fig. 3 (b) Same child after three months' treatment.

For the literature on the subject of cretinism, I am indebted to the excellent

Proprietary medicine is not an unmixed blessing; its greatest fault is its extreme convenience.—W. C. Cooper.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud. The document also notes that records should be kept for a sufficient period of time to allow for a thorough review in the event of an audit.

2. The second part of the document outlines the procedures for the collection and distribution of funds. It states that all funds received should be deposited into a designated account and that disbursements should be made only through the proper channels. The document also specifies that all payments should be supported by appropriate documentation and that the responsible official should sign and date each check or payment order.

3. The third part of the document addresses the issue of budgeting and financial planning. It requires that a detailed budget be prepared for each fiscal year and that it be approved by the governing body. The document also states that the budget should be monitored closely throughout the year and that any variances should be reported and explained to the governing body.

4. The fourth part of the document discusses the process of financial reporting. It requires that a comprehensive financial statement be prepared at the end of each fiscal year, including a balance sheet, income statement, and statement of cash flows. The document also states that these statements should be audited by an independent firm and that the results of the audit should be made available to the public.

5. The fifth part of the document outlines the procedures for the management of assets. It requires that all assets be properly inventoried and that their condition be monitored regularly. The document also states that assets should be disposed of in a responsible manner and that the proceeds from the sale should be accounted for.

6. The sixth part of the document discusses the issue of financial control. It requires that internal controls be established to ensure the accuracy and reliability of the financial information. The document also states that the controls should be reviewed and updated as needed to reflect changes in the organization's operations.

7. The seventh part of the document addresses the issue of financial transparency. It requires that all financial information be made available to the public in a timely and accessible manner. The document also states that the organization should be open to public scrutiny and that it should actively seek input from the community in its financial decisions.

8. The eighth part of the document outlines the procedures for the management of debt. It requires that all debt be properly documented and that the terms of the debt be clearly understood. The document also states that the organization should maintain a prudent level of debt and that it should have a plan in place to manage the debt if it becomes necessary.

9. The ninth part of the document discusses the issue of financial risk. It requires that the organization identify and assess the risks associated with its financial activities. The document also states that the organization should develop strategies to mitigate these risks and that it should have a contingency plan in place in the event of a financial crisis.

10. The tenth part of the document outlines the procedures for the management of financial information. It requires that all financial information be stored securely and that access be restricted to authorized personnel only. The document also states that the information should be backed up regularly and that it should be destroyed in a secure manner when it is no longer needed.

The average physician would not require many pages to tell what he knows about diseased gums, caries of the teeth and many of the more common diseases of the mouth and teeth. On these subjects he could not make a decent batting average before a minor league board of dental examiners. I know physicians who treat patients month after month for stomach troubles, without ever attempting to remove the cause, which in many instances is the teeth. The bite or force used in masticating food is (according to Dr. Black) from 40 to 200 pounds. The patient with a weak bite often has stomach troubles as he does not masticate his food properly. He may be afraid to bite on account of some tooth which causes excruciating pain under pressure. Again it may be impossible for him to masticate food owing to the loss of several teeth. If the teeth are in bad condition send him to the dentist. Teach him to use his teeth as nature intended he should do. Regulate his diet. Give what medicine you consider best to assist his stomach.

It is not an uncommon thing for physicians to treat patients for earache when the trouble originates in the teeth. The third molars or wisdom teeth are the chief offenders in this respect; when diseased they often cause earache and neuralgic pains of the face. The pain is usually severest anterior to the concha where the fifth nerve branches off from Meckel's ganglion. Every physician having a general practice should possess a mouth mirror and a cavity explorer, so that when he meets a case of neuralgia or earache that does not respond to treatment, he may examine the teeth.

A physician near here treated a patient for three weeks for earache and neuralgia but failed to relieve her, except by the use of sedatives. Finally she complained that a lower wisdom tooth felt longer than the rest of her teeth. Her physician came to the conclusion that probably that tooth was the cause of her suffering. I was called in to extract it. She was pillowed and propped up in a Morris chair. Constant pain soon wears down the strongest constitutions and this woman was certainly in a debilitated condition. She also had a heart affection which did not help matters. Her physician and several of the neighboring women were present. I never wish my competitors bad luck but I certainly did wish one of them had this case. I got out my "torture goods" and proceeded to remove that tooth in the latest and most scientific manner. I succeeded most beautifully—that is I broke the tooth the first attempt. After assuring her that the breaking of the tooth would give her as much relief as if I had extracted it, I mustered up enough courage to take a look at the remains. To my surprise I discovered I could remove it quite easily. When I got that tooth out she heaved a sigh of relief, for the pain ceased almost instantly. In a week she could do her own work.

I wish to say a few words to physicians in villages and smaller places that are not large enough to support a dentist. In days that have been, physicians in these places did a great deal of extracting but as the car of progress hurries us along the track of civilization they do less and less. In this respect physicians have relieved much suffering and—often done a great deal of harm.

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Each doctor is an unpaid agent for the manufacturers of the "hand-me-downs," and the manufacturers don't "kick."—Cooper.

The time is ripe for such general therapeutic reconstruction as will eliminate most of the grosser errors and abuses.—Cooper.



We will say a fond parent brings in his son of six or seven years to have you extract a tooth for his boy. He says: "Doctor, I want you to extract a tooth for this boy, he has been crying with the toothache for the last day or two." While you are looking to see that your forceps are in working order you are told that they tried every means to get that tooth to stop aching without success. You extract that tooth and remark that Stanley has some more teeth that need attention as they are badly decayed. His father takes a look at them and remarks: "These are only his colt's teeth, you had better take them out, and then he won't be bawling and crying every time he eats anything." You extract two or three more.

Now what have you done? Little things all unforeseen often lead to momentous consequences. You have extracted several temporary teeth which should remain in the mouth until replaced by the permanent. Remember that permanent teeth sometimes fail to erupt when the deciduous or temporary teeth are extracted prematurely, and the arch does not expand as nature intended it should do, in order to accommodate the permanent teeth which are larger. The result is, the permanent teeth erupt irregularly, the articulation is faulty, so that he can only incise food, when he bites certain ways. This boy grows to manhood. His teeth are crooked and he dislikes and neglects them for that reason.

Dentists meet with these cases so frequently that they are not considered by any means uncommon. This boy comes to the time when he needs must earn his own living. He applies for a position. Probably he has a lower jaw that

recedes or one that protrudes. The outline of his face is far from being perfect. He knows this and he feels it. The proprietor looks him over and says to himself: "You may be smart enough but you don't look it." The chances are that boy fails to secure a position.

Now were a girl to have the same unfortunate experience as this boy, think how much she would be handicapped when she grew to womanhood, for a "woman's face is her fortune." We all admire the physically perfect man. A man's face, his personality and general appearance have a great deal to do with his success in life. As physicians and dentists we should aim to have our patients as nearly perfect as possible.

The dentist is well aware of the fact that adenoid growths, enlarged tonsils and nasal obstructions concern him in no small degree. These are subjects with which not only the physician but also the dentist should become much more familiar. These abnormalities are so common and neglect of them paves the way for so many ills that mankind is heir to, that neglect of them, means neglect of duty. Space will not permit me to deal with these subjects in this article.

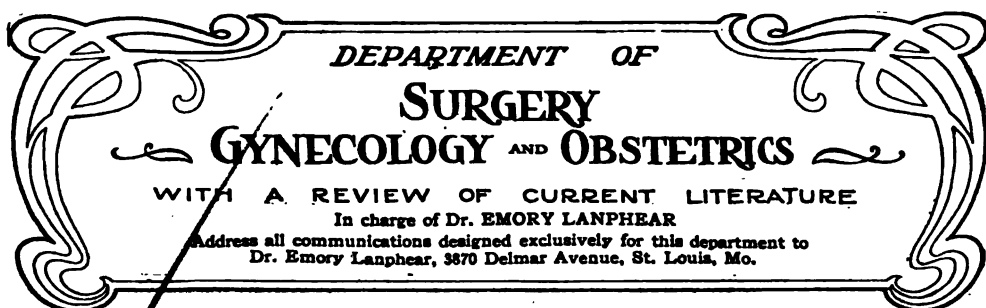
In conclusion, it seems to me that in order to convert the public to ways of dental rectitude, the dentist must begin by converting the physician. The public has been guided in matters of health, even the health of the teeth, by the physician, for he speaks as one having authority, and in the case of the teeth frequently with more authority than knowledge.

Blanchester, Ohio.

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Under dietetic regulation and hygienic strictness without medicine, dysentery will run on indefinitely.—W. C. Cooper.

Phytolacca and aconite are absolutely specific in threatened mammary abscess; locally and internally.—W. C. Cooper.



## THE BEST METHOD OF FIXATION OF WANDERING KIDNEY.

BY EMORY LANPHEAR, M. D., PH.D., LL.D.

Chief Surgeon Women's Hospital Association. Formerly Professor of Surgery in the St. Louis College of Physicians and Surgeons, and Gynecologist to St. Joseph's Sanatorium.

**N**EARLY all doctors are now familiar with the facts, (1) that displacement of the kidney is a very common condition; (2) that tremendous nervous disturbance may depend upon the traction on nerves and vessels caused by the displacement; (3) that many symptoms apparently due to pelvic disease are really dependent upon the wandering kidney; and (4) that whenever the organ reaches the level of the umbilicus it should be restored to its normal position and maintained there—by surgical measures if mechanical means do not give relief. The best method of securing fixation of the kidney is therefore of general interest. I have tried all kinds of operative treatment as yet suggested, I believe; all have proven unsatisfactory except the following:

### PREPARATION.

1. *General*.—Patient is well purged two days before operation; no breakfast. General bath and enema just before operation.

2. *Local*.—The morning before operation, back is thoroughly scrubbed from scapulae to coccyx, and sides almost to mid-line, soap-poultice applied until night; alcohol sponged over surface and

bichloride pack (1 to 2000) applied for the night.

3. *Position*.—When patient is brought to operation table the left arm is put behind the body and chest thrown forward: "Sims' position" exaggerated; front supported by assistant holding right hip under moist sterile towels (this for right side work).

### OPERATION.

When anesthesia is perfect, by a single stroke of knife, a cut three or four inches long is made from junction of last rib with vertebra downward and outward parallel to rib, through skin, fascia, some muscle and fat; then the edges of the wound are retracted and the deep wound enlarged until the bright white "kidney-fat" is exposed. Deep dissection may be made with fingers to avoid wounding the pleura. All bleeding must be checked before the kidney is delivered. As little muscular tissue as possible is cut, but an opening at least three inches long must be secured. Caution: The nerve should be pushed aside, not cut.

Next the kidney-fat is seized with heavy forceps and dragged into the wound; one or two fingers slipped into the cut below the kidney and with com-

bined traction by forceps and fingers (preferably covered by rubber gloves)

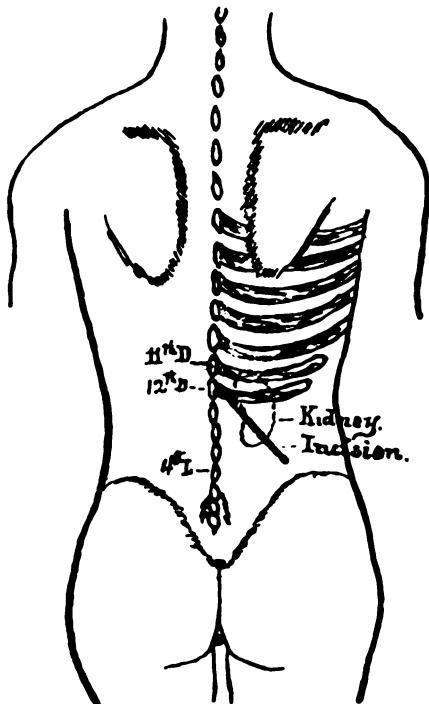


FIG. 1. The incision is made from the posterior end of the twelfth rib downward and forward four inches.

the kidney is carefully delivered through the opening. Caution: The kidney must not be turned bottom end up in withdrawal.

Much of the fatty capsule now must be cut away with scissors; otherwise it will interfere with permanent fixation by slipping in between muscle and kidney.

Before the kidney is brought out the appendix may be removed through a cut in the posterior parietal peritoneum—a desirable operation in many cases since chronic appendicitis is so often an accompaniment of loosened kidney.

If it is done, it is best to care-

fully close the hole in the peritoneum before delivering the kidney. Caution: The peritoneum must be opened at the extreme outer end of incision or there will be great danger of cutting into the colon.

When the kidney is brought out it is to be surrounded by gauze pads. Then the fibrous capsule is split from one pole to the other, with knife or scissors, care being taken not to cut kidney-substance, and two transverse cuts made, making four triangular flaps. In these, ten-day chromic catgut sutures, No. 2, are introduced by large curved needles; each should be caught, still threaded, in hemostats.

All oozing from the kidney-surface being checked by pressure, the kidney must be gently replaced and pushed as nearly to its normal position as possible. The upper ligature nearest the spine is now liberated, the needle caught in the hemostat and inserted into muscular tissue as high in the cut as possible, care being taken to introduce it in such a way that



Fig. 2. As the deep lumbar fascia is cut, the bright white kidney-fat (fatty capsule) bulges into the opening.

One of the most agreeable counterirritants is chloroform poured on a piece of lint and covered with oiled silk.—Brunton.

Pustulation of the chest in chronic bronchitis is sometimes very efficacious indeed; emplastrum calefaciens (B. P.)—Brunton.



Fig. 3. The chronically-inflamed appendix may easily be delivered through this posterior opening, ligated and removed.

when tied it will bring cut muscle into direct contact with kidney-tissue. Then the upper and outer suture is placed through the muscular tissue or periosteum covering the twelfth rib; and finally the two lower ones are inserted. The space beneath the kidney and all the tissues must be carefully cleansed of all liquid and clotted blood; a piece of gauze and clamp pushed into the space below kidney and by it the kidney thrown as far upward as it will go; then the sutures must be tied.

\*My only fatal case in some hundreds of nephropexies was one in which I opened the colon in my work: death from septic peritonitis.

The general verdict of patients suffering with chronic bronchitis is in favor of cod-liver oil rather than cough mixtures.—Brunton.

Caution: The upper ligatures are most important; if they break away and the lower ones hold, the kidney may turn topside down after operation.

When the kidney is satisfactorily fixed the posterior parietal peritoneum should be caught with forceps and brought up into wound and sutured to the tissues now below the kidney, an assistant obliterating the space formerly occupied by the kidney, by pressing on the anterior abdominal wall; otherwise a large space will be left which will fill with blood and probably pus later. Caution: In suturing these tissues great care must be taken not to thrust needle into the colon, which is very close.\*



Fig. 4. The kidney is lifted out upon the back of the patient, surrounded with gauze, its fibrous capsule dissected off to form four triangular flaps and catgut sutures introduced to bring kidney-tissue against muscle.

Spasmodic and hay asthma, hay fever, eczema and urticaria may be and often are manifestations of the gouty diathesis.—Brunton.

All oozing being arrested the muscular tissues are brought together by two



Fig. 5. After the kidney is sutured into place the loose parietal peritoneum is pulled strongly up into the wound and stitched to help support the kidney.

or three plain catgut sutures, No. 1, and the skin closed with silkworm-gut or silver wire; without drainage, preferably, though if there be uncontrollable oozing a few strands of catgut (plain, sterile) may be inserted at the lower angle of the wound.

Rarely the fibrous capsule of the kidney is so fragile that it tears when the sutures are introduced, or at least gives a feeling that they may not hold; in which cases a large silkworm-gut suture may be passed through skin, mus-

cles, and kidney-substance and tied over a piece of gauze on the wound—to be removed at first dressing on tenth day. Caution: This suture must not be put so deeply that it will penetrate the pelvis of the kidney—otherwise urinary fistula or sepsis may follow.

This fixation-suture may also be used when the kidney is abnormally heavy; but should never be inserted when avoidable on account of the added danger of infection.

*After-treatment.* — The bichloride gauze dressing is not touched for ten days. Then the sutures are removed and a plain gauze pad applied.

The patient must be kept on back for five or six days. Three weeks in bed are absolutely necessary to insure perfect healing.

St. Louis, Missouri.



Fig. 6. Sometimes a silkworm-gut suture is passed through the kidney and held with forceps until the rest of the wound is closed and then tied over a roll of gauze.

Arsenic is a favorite in gout and in asthma; alkalis and iodide are extensively used to lessen spasm in both. Brunton.

A little potas. chlorate added to the niter paper seems to render the smoke more efficacious for asthma.—Brunton.

SOME PRACTICAL POINTS ON THE DIAGNOSIS OF  
RECTAL DISEASES.

BY R. D. MASON, M. D.

Professor of Rectal and Pelvic Surgery in the Creighton Medical College; Surgeon to St. Joseph's Hospital.

AS to the best way to make an examination, I believe it is always wise to let the patients tell their own histories uninterruptedly. They usually think they have piles, and often tell much that is unnecessary, but this serves to wear off the embarrassment, and a few well-directed questions in conclusion will clear up the diagnosis so far as it can be done in this way. It seems hardly necessary to say that no case, no matter how trivial it may seem, should be treated without a careful examination. Some most amusing and serious blunders have come under my notice from neglecting this.

Lady patients should, if possible, be accompanied by their husbands, if married, otherwise by some female friend who can assist them in arranging their clothing, getting on the table, etc. After this has been done, and the patient is lying on her left side covered by a sheet, the doctor can make his examination without embarrassment to either party. He may be able to make a diagnosis at a glance or only after considerable trouble.

It is well to state in this place what may be seen and felt with the unaided eye and finger. There can easily be seen, external hemorrhoids, the external opening of a fistula, the thickened or parchment-like or eczematous skin of pruritus (the moist appearance indicating a catarrhal condition of the bowel farther up), fissures, partly prolapsed hemorrhoids, venereal disease, abscess, and af-

ter a little experience, the bulging or unusually prominent appearance of the parts due to internal hemorrhoids may be recognized. There may be felt on the outside the old tracks of fistulæ, and by gently pulling the anal opening apart with the thumb and finger, fissures and irritable ulcers may be recognized that are too high up to come into view without doing this. Occasionally the lower part of polypoid growths or pinworms may be seen.

By introducing the oiled finger into the bowel there may be felt, first the condition of the external sphincter muscle. It will be found to vary greatly in different persons. In the aged, infirm and debilitated, it will in most cases be found weak and relaxed, as it is also in many persons who have been troubled for a long time with large internal hemorrhoids, due to their constant protrusion and return, which gradually weakens the muscle and causes it to lose, to a large extent, its strength and firmness. In the young and vigorous the muscle will be found firm and resisting, contracting tightly on the intruding finger. Sudden force should not be used, but gentleness will overcome the resistance. Pain is usually not complained of in the healthy muscle, but if a fissure or irritable ulcer be present it will be very severe.

Further on may be felt the internal opening of a fistula, the depressed rough edge of ulcers, polypi and strictures if not too high, hemorrhoids if well devel-

Dreams are broken shadows on the mind. Color-blindness is a prime element of genuine philanthropy.—W. C. Cooper.

Grip always jumps spraddled. In testing antitoxin don't confuse diphtheria with diphthery.—W. C. Cooper.

oped, although it requires considerable experience to distinguish these with the finger, and in most cases it cannot be done, even by the most expert examiner. By pressing the finger as far as possible all that portion of the bowel likely to be diseased may be felt, and experience will soon teach one to distinguish the prostate, neck of the bladder, coccyx, uterus, etc. Some experience is required to make out all of these, but by frequent examinations one soon becomes quite expert. In examining women the finger may be introduced into the vagina, and in some cases the whole anterior wall of the rectum turned out. In this way internal hemorrhoids, and any other abnormal condition, in most cases, may be recognized.

Another point that should not be overlooked is, that there may be a complication of diseases. It would certainly be very unwise to treat a patient for external piles and overlook a stricture. It is not uncommon to have patients come for treatment for some disease that is wholly dependent upon some other trouble which to them is unimportant, such as a

pruritus ani due to a vaginal discharge, or a prolapse caused by internal piles which force the mucous membrane down but do not themselves protrude. I have known a patient to be treated in a hospital for three weeks for this disease while the hemorrhoids which produced it were undiscovered.

While much may be learned from the description of the symptoms as given by the patient, it is only preliminary to the examination that is to follow. It is far too often the case that the family physician makes no effort to learn the exact condition, other than as given by the patient, and as a result the treatment is carried out along wrong lines. It is not uncommon for patients to go to specialists for treatment, thinking they have hemorrhoids, when they are really suffering from an advanced stage of cancer, this too, after having received much treatment from their home doctor.

I will take up the matter of diagnosis as relating to each symptom complained of, in another article, which will appear in the near future.

Omaha, Nebraska.

### AN OVARIAN TUMOR WHICH IN ITS LIFE HISTORY AGGREGATED A WEIGHT OF SIXTEEN THOUSAND POUNDS —OPERATION AND RECOVERY.

BY T. A. ASHBY, M. D.

Professor of Diseases of Women in the University of Maryland.

THE patient, whose remarkable record is here given, was tapped 269 times, and 2,112 gallons (sixteen thousand pints) of fluid withdrawn, before she submitted to curative measures. The case is of interest because (1) she was so long allowed to remain the subject of a readily curable condition; (2)

she patiently suffered so long from such a distressing affliction without consenting to operation; and (3) the comparative ease of cure by surgery.

Her history, as given by Dr. C. F. Miller, of northeast Maryland, is as follows: She first applied for treatment of an abdominal tumor to Dr. J. L. Atlee, of

Phthisis wears gum shoes. The true doctor shoots with a rifle—seldom with a shotgun.—Cooper, *"Preventive Medicine."*

If you don't capture the head of a tapeworm your labor is lost. The same is true of all disease.—W. C. Cooper.

Pennsylvania, in November, 1861. He removed thirty-two pints of fluid. Four gallons were removed in 1862. Each year thereafter until 1868 she was tapped and an average of thirty-two pints removed yearly. There was then no recurrence until 1868 when yearly tapplings were again instituted and continued until 1885, same quantity each time. In 1880 Dr. Atlee urged ovariectomy, but after careful examination concluded it too dangerous and resumed simple evacuation. Beginning March, 1885, it became necessary to tap far more frequently (March, May, July, September and November); during 1886, nine times; in 1887, eleven; in 1888, thirteen; and from then until 1895 the fluid was drawn eighth-eight times; in 1895 eighteen tapplings were made, and from that time until 1903 the fluid had to be removed every three or four weeks. But by this time her vitality had been so lowered by repeated paracentesis that ovariectomy was advised as the only means of saving life; and at last she consented.

November 11, 1903, I made an ovariectomy for large ovarian cystoma, the sac being dissected out as a whole by removal of a large section of the abdominal wall to which it was attached at the hundreds of points of entrance of trocars; this area being about four by six inches. The wall of the abdomen and of the sac at this place was two and a half inches thick. It was necessary to remove an elliptical section of the abdominal wall, eight by five inches, in order to remove the sac. As there was the greatest abundance of tissue from the overdistended wall of the abdomen, no difficulty was experienced in removing

this large section. The pedicle attaching the tumor to the uterus was very small and the sac was easily detached after the abdominal wall was cut away. The tumor had been nourished through its attachment to the abdominal wall. There were no adhesions at any other point, and but for the repeated tapplings, at no time during the forty-two years of invalidism would an ovariectomy have been attended with any difficulties.

In addition to the ovarian tumor, I found when the abdomen was opened that the patient had a general miliary tuberculosis of the peritoneum. All over the intestinal and parietal peritoneum there were deposits of small tubercles and a widespread infection. The ovarian sac was also covered, and it is my opinion that the infection took place through the repeated tapplings. This condition of the peritoneum gave me grave apprehensions of subsequent trouble from the tubercular deposit. The patient bore the operation without shock and made a very rapid recovery. At no time did she show the least signs of trouble. She was able to return home within three weeks' time.

In October, 1904, Dr. Miller wrote me that his patient had developed a tumor in her left breast which he desired me to remove. The patient again returned to the University Hospital, and I removed the entire breast. Her general health had so improved since the ovariectomy of the previous year that I scarcely recognized her. She had gained over twenty pounds in flesh and was perfectly well, if the condition of her breast be excluded. She remarked to me that she had had one year of good health for the first time in forty-two years. The tubercu-

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A woman's stomach reaches from the top of her sternum down to her os pubis.—W. C. Cooper, in *"Preventive Medicine."*

I'd rather train a miss in the proper way to kiss, than barely miss a train after hurrying through the rain.—Cooper.



lar condition of the peritoneum had entirely disappeared. A cure had been effected through the abdominal section for removal of the ovarian sac. There is no way of determining how long the tubercular infection had existed and what part it played in the rapid accumulation of fluid in the cyst.

Theappings numbered 269. The first seventeenappings were done by Dr. Atlee. It will be conceded by every gynecologist that the record here given is a remarkable one, but admitting that some errors have been made in the observation kept relative to amount of fluid removed, the number ofappings and the total amount of fluid exceeds by far that

of any case I have been able to find recorded. The nearest approach to this case is that of a woman reported by Bland Sutton, who at the age of twenty-six years was tapped for the first time and during the next twenty-six years was tapped eighty times, and was relieved in the differentappings of 6,631 pints of fluid, or of more than thirteen hogsheads.

The points of greatest interest are found in the remarkable endurance of the patient under such conditions and the ease with which a cure was effected after forty-two years of invalidism. The case is without parallel.

Baltimore, Maryland.

## THE TREATMENT OF ULCERS.

BY F. J. BAKER, M. D.

Surgeon to Walnut Hospital, Lockport, New York.

**M**Y observation and reading satisfy me that the subject of "ulcers" is a sore one from two points of view, viz., that of the doctor and that of the patient as well; of the doctor because of the tedious and unsatisfactory treatment of the case and of the patient, not alone because of results, but also on account of the painful nature of the disease and the crippled condition which results therefrom. As a consequence the afflicted drifts from doctor to quack and from quack to doctor again until worn and discouraged she surrenders to the fate of suffering chronic invalidism.

It is my purpose to confine my remarks to consideration of ulcers of the extremities and particularly of the lower.

The word ulcer signifies sore or wound. Pages might be filled with the

multitude of definitions which have been given of this affection—of all which I have seen I think I prefer that given in Quain, viz., "A solution of continuity on an epithelial or endothelial surface, secreting pus." Desiring to make my remarks as concise and practical as possible I shall pass the etiology and pathology of this affection with the remark that the breach of surface may arise from external causes, as a cut, laceration, bruise, burn or pressure; or, on the other hand, it may result from changes commencing within the tissues themselves. These might be acute inflammation giving rise to pus; chronic inflammation giving rise to thickening of the fibrous tissue with strangulation of the blood vessels passing through it to the surface; or defective nutrition of the skin and sub-

The legitimate healer is rarely well heeled. Beef tea is merely urine with a feather in its cap.—Cooper.

Better be rudely healthy than pale and interesting. The word clap-trap does not mean the same to all men.—Cooper.

cutaneous tissue as seen in senile subjects.

As to age and sex and the relative frequency of ulcer, my experience is slightly at variance with statistics; since I have seen more of this disease among females than males and have seen it occur often in women who have passed the menopause than at an earlier period of life. Contrary, too, to the opinion of some, I have found that occupation is a factor in its production, it being found more frequently among those who are compelled to be upon their feet for considerable periods. And since *infection* may be said to lie at the foundation of this ailment, it is more often seen among the lower classes and those of untidy habits. Interference with the circulation, already hinted at, as atheroma of an artery, vasomotor disturbances such as occur in frost-bite, chronic ergotism, etc., or varicose veins, play a part often in the affection. Nor must we forget to charge traumatism with being one of the most frequent of all the causes of ulcer—secondary though it may be.

"The pathology will vary somewhat with the conditions causing the ulcer, but in the non-specific forms we shall find the phenomena of congestion, exudation and necrotic inflammation, together with reparative inflammation or granulation making up the whole process." In the stage of development the degenerative process predominates, in the healing stage the reparative. During the process of granulation more of the round cells are produced than are necessary. These die and are thrown off in the discharge. Healthy granulations should be small, even and of a reddish-pink color. The scar left by the healing of an ulcer is al-

ways considerably smaller than the original lesion, due to contraction of cicatricial tissue and this contraction, especially when the ulcer has occurred on the face, may lead to considerable deformity.

*Varieties.*—We read of granulating or healing ulcers, irritating or painful ulcers, callous and phagedenic ulcers and varicose ulcers; as well as of those due to specific causes. The books also describe those bearing the names of the localities in which they occur, as Delhi, Annam and Veldt-sore, etc.

We will dismiss the healing and specific sores by saying that in the first-named, cleanliness, support and rest will result in a cure in most cases; while the specific varieties will require, in addition to local measures, such constitutional remedies as the disease indicates. For all practical purposes the remaining varieties may be divided into two classes—indolent and irritable.

*Treatment.*—In the treatment of ulcers, aside from specific causes, it will be found necessary, in a most inconsiderable number, to give attention to constitutional conditions. Many patients suffering from this cause will be found anemic and poorly nourished—constipation is a common condition with this class. One must therefore open the bowels with a saline preceded by a grain or more of calomel in divided doses; and maintain the bowels in soluble condition. Iron and arsenic combined with small doses of strychnine are indicated and will be found useful. Cod-liver oil, if the stomach will tolerate it—the clear preparation is best—cannot be given amiss; if begun in 10 or 15 drop doses, three times a day, when the meal is nearly over, and

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Toothache is only another phase of the thrill of a love kiss. If you cure a cancer it wasn't cancer.—Cooper.

Cardiac sedatives lessen the force and frequency of the heart's action. Belladonna for palpitation from heart strain.—Brunton.

gradually increased, a dessertspoonful or even tablespoonful may be reached in most cases without offending digestion. It goes without saying that milk, eggs, bread and butter, vegetables and meat (once daily) are indicated and necessary.

In the local treatment two conditions must not be lost sight of, viz., the local congestion and the infectious character of the discharges. Now what are the indications? Empty the superficial vessels and render the sore aseptic. How?

This, then, is my plan of treatment which now, in hundreds of cases, covering a period of more than twenty-five years, has not, in a single instance, failed to effect a cure. With the extremity elevated, the sore and its immediate locality are flushed for some minutes in a hot bichloride solution (1 to 1000) and then with hydrogen dioxide (1 to 4). This process is repeated and again repeated. Now thoroughly dry the limb with gentle rubbing toward the body, dry the surface of the sore, and dust thickly with aristol. Cover with plain, aseptic gauze and over this a thick pad of absorbent cotton, three or four inches longer, and two inches wider than the sore itself. Have a liberal supply of strips of adhesive plaster—zinc oxide is among the best, because of its non-irritating properties—five-eighths of an inch wide and long enough to three-fourths encircle the limb. Begin now two inches below the distal end of the ulcer and apply the adhesive strips around the limb, quite tightly, letting each successive strip overlap the preceding one by say one-third its width; continue the strips in this manner to two inches above the proximal end of the sore. Now apply a firm roller bandage, two to three inches wide, depending

on the size of the limb, from the toes to the knee, if on the leg, and from the knee to the body, if on the thigh; lapping it well and having great care that it lays smoothly.

If there is much discharge, or the patient is obliged to be upon her feet very much, redress in forty-eight hours; otherwise the dressing may remain for three days.

Then soak off the dressing with warm, sterilized water and so avoid damage to the new granulations. If the ulcer is large, and the granulations are weak, feed them. For this purpose I know of nothing better than bovine. The sore is cleaned and flushed as before described, and several thicknesses of plain, sterilized gauze are applied, completely saturated with the bovine and over this the cotton, straps and bandage. You will be surprised to see how decolorized the gauze will be on removal, and how soon the pale, weak granulations will begin to take on color and grow. When nicely started it is time to leave off the bovine. Since using the bovine I have not found it necessary to employ skin-grafting.

I have in mind now one case of a boy whose leg was caught between two bodies, one fixed, the other moving, and all the soft parts together with the periosteum, over about one-half the entire length of the tibia, were rubbed off, leaving the bone polished like a piece of ivory. In six months the bone was covered and the boy was walking about. It is a mistaken notion that these cases recover wholly or in great part by the pushing out of the skin from the circumference. By the means mentioned I have seen the sores closed from many centers

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In palpitation from indigestion prussic acid is useful; in aortic disease senega has been recommended.—Brunton.

The efficacy of senega probably depends on lessened action of cardiac ganglia and muscle due to saponin.—Brunton.

just as you have noticed when skin-grafting has been employed.

If the granulations become too rank I cover them, for once or twice, with pulverized alum, and give especial attention that the straps applied shall be sufficiently snug.

It is but seldom that I have required my patients to stop work. For more than twenty years I have not scraped a sore or incised its margin. I am careful to emphasize the need of a support to the afflicted limb for at least six months after a cure. For general use I regard the elastic stocking as the best, and see to it that one is fitted and applied when the

final dressing is removed with strict injunction to put it on before getting out of bed in the morning, nor take it off until in bed at night.

I need hardly add that, before the days of bichloride tablets, aristol, peroxide of hydrogen and bovine, we employed, as best we could, means looking to the same ends, always having in mind the two cardinal points, surgical cleanliness and support. Attention to details as suggested by this hasty paper will, I am convinced, be rewarded by complete cure and insure the lifelong gratitude of your patient.

Lockport, New York.

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## ENDOMETRITIS.

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BY CURRAN POPE, M. D.

Professor Physiological Therapeutics in Kentucky School of Medicine; Medical Superintendent of the Pope Sanatorium, Louisville, Ky.

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## IV.

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### PATHOLOGY.

THE mucous membrane of the uterus is similar to other mucous membranes; when it is inflamed an increase in the adenoid or glandular elements takes place together with an interstitial increase of fibrous tissue followed by more or less destruction of glands, so that after a short while it is a mixed condition of increase in both glandular and fibrous elements. It begins usually as a glandular proliferation, following a microbic infection, extending to the surface of the underlying parenchyma of the uterus, often involving it and resulting in the formation of embryonal cells. The epithelial surface of the endometrium is raised, and proliferation of the epithelial cells takes place with

enlargement, twisting, and bending of the glandular tubes. Round-celled infiltration takes place, the interglandular tissue increases, especially in septic cases. The mouths of the glands are swollen, the membrane becomes granular, the walls of the uterus congested and the blood-vessels dilated.

The mucous membrane is hyperemic, dark red, softened, thickened and covered with thin grayish mucus. In chronic septic endometritis, round cells and leucocytes crowd the interglandular places, compressing the glands and after a time connective tissue forms, which increases the compression and obliterates some of the glands, obstructs the mouth of others, and causes small cysts. The epi-

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The chief cardiac sedatives are aconite, veratrum viride and antimony; they relieve fever of limited inflammations.—Brunton.

Using divided doses the desired effect can be produced with greater certainty and less risk of overdose.—Brunton.

thelium in the atrophic glands and on the surfaces dies, and the mucous membrane sometimes becomes a thin layer of connective tissue. The mucous membrane may remain in this state for years, rarely, if ever, passing to abscess formation, for it is interesting to note the rarity of abscess in the uterus such as commonly takes place in other organs.

"The natural history of the affection, as manifested in the uterus, is therefore divisible into three stages, more or less distinctly separable by clinical evidence: The first stage is a simple endometritis with leucorrhea, but without interstitial hypertrophy; the second stage shows both leucorrhea and interstitial hypertrophy, the latter often presenting the physical characters of the engorgement of the older writers; while the final stage is one of hyperplasia alone, with notable morbid discharges, ending in sclerosis and final atrophy of muscular structures" (Massey).

The alkaline discharge due to an exaggeration of the secretory function, hanging from and slowly passing out of the cervix, causes an exfoliation of the squamous epithelium of the vaginal portion of the cervix with reproduction of cylindrical epithelium, thereby producing simple "erosion," ulceration or glandular degeneration of the cervix. After the menopause the cervix may become stenotic, the discharges are retained, the cavity distended, the walls attenuated, and the discharge purulent and offensive.

The menopause does not exercise a curative influence on endometritis. Menstruation may act as a torch each month by its congestion, lighting up afresh the inflammation. The uterus thus becomes

the soil, the microbe the seed, constitution and diathesis the climate—all important in the study of this trouble.

#### EXAMINATION.

Upon examination the labia are often observed to be moist, inflamed, and irritated and the urethra also reddish, swollen, and irritated. On digital examination the vagina will be found moist, and as a rule covered with secretion.

In nulliparæ, the os feels enlarged, swollen, softened, and if there is a catarrhal patch, velvety and soft. In multiparæ the os may feel large and patulous, permitting the introduction of the examining finger into the cervical canal, and where there are any old lacerations the finger will detect the notched condition of the os and a considerable area will be felt as soft, velvety or rough and granular. If the Nabothian glands are closed, retention-cysts will be felt as small nodules or shot-like bodies. Once the finger has been educated, the diagnosis is almost as certain as if the speculum was used. The uterus is usually enlarged and at times tender.

The cervix is structurally distinct from the body of the uterus. On its vaginal side it is covered with squamous epithelium resting on papillæ of connective tissue and without mucous follicles. Its canal is lined with a single layer of cubical epithelium, so folded as to form shallow recesses with racemose mucous glands differing thus from the uterus. Its muscular tissue is not arranged in layers but scattered through the connective tissue which largely preponderates. Functionally it plays a passive part in menstruation and pregnancy. The normal discharge is viscid and opalescent like the white of

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Vascular sedatives, increasing contraction of vessels lessen the flow of blood through them.—Brunton.

One of the most powerful vascular sedatives is cold; also digitalis, ergot, hamamelis, lead acetate, opium.—Brunton.

an unboiled egg, and alkaline in reaction. It may be of an opaque white from mucous corpuscles, a yellow from the presence of pus or may be tinged with blood. In the worst cases, frequently specific, the discharge becomes thin, yellow or green pus.

It will be found upon introducing the speculum that some pain is usually experienced and that the cervix will appear red, granular or eroded around the os externum. For this reason the author frequently employs a Sims or a Sims-Jackson speculum or retractor, as giving a better chance to judge of the position, of the laceration and amount of eversion. The surface looks like an ulcer, red, granular and bleeds easily.

In nulliparous cases catarrhal patches or erosions may exist but more frequently the vaginal aspect of the cervix, though soft and swollen, looks healthy. Ruge and Veit have shown that the so-called "catarrhal patches or erosions" become covered with transparent columnar epithelium and that these cells permit the red color of the subjacent vascular surfaces to shine through and it is the formation of folds that produce recesses and processes, and these in turn cause the granular appearance. Obliteration of the ducts produces retention of mucus, followed by distention. The new surface of the erosion thus becomes a *glandular* surface resembling the cervical canal, thus adding to the secreting surface.

When lacerations are present there is a gaping of the canal at the cleft. This is most frequently present in multiparæ. Erosions are most often maintained by irritant secretions from the vagina as well as the uterus and cervix, but I am

firmly of Tyler Smith's opinion that these are purely secondary to an endometritis within the cavity of the uterus. The analogy of these erosions is true at all orifices, the nose, anal, and urethral openings, producing the same or similar lesions of altered epithelium where the discharge is acrid and long continuous. The membrane within the cervical canal is similarly affected in nulliparæ as well as multiparæ, though in the former the os is usually small and the cervical canal distended.

The sound in nulliparæ may show a narrow, very tender internal opening with an unusually dilated canal, due to accumulated secretion which causes pain and discomfort. In these as well as multiparæ, the canal may be found tortuous or narrow, and to the sound the obstruction may feel of a gritty or cicatricial nature. This condition of stenosis, cicatricial in character, often plays an important feature, in my opinion, in keeping up the disease, and demands primary attention, if we are to secure good drainage.

When the sound is used it will be noticed that the endometrium has a much greater tendency to bleed, due to the greater vascularity of the mucous membrane. Bimanual palpation usually discloses an enlargement of the body of the uterus and an increased tenderness or sensitiveness to the touch. It may finally be stated that in the absence of cervical discharge the appearance of an erosion of the lips of the external os would indicate corporeal endometritis.

#### DIAGNOSIS.

Diagnosis is best made by local examination and careful inspection of the discharges heretofore referred to. Con-

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Cold is not only a vascular but a cardiac sedative, a means to which we chiefly trust in hemoptysis.—Brunton.

Cardiac muscle is stimulated by digitalin, erythrophloeine, helleborein, scillain, strophanthin, veratrine, barium.—Brunton.

siderable profit would accrue to observers if they would more frequently make a microscopic rather than a purely macroscopic inspection. Staining of the discharges does not as a rule disclose the gonococcus. Erosion of the lips of the external os is abnormal, is always an indication of the presence of irritating discharges, and when they do not happen to be present at the time of the examination, its presence is considered to be sufficient to settle its existence. Sensitiveness of the endometrium at the internal os and fundus upon the introduction of the sound and the presence of bleeding upon its withdrawal are characteristic of the condition. Tenderness of the uterus, while normally always present, is not as much so as would be expected from the extent of the inflammation. It may be said therefore that the presence of leucorrhea, erosion, tenderness and ready bleeding of the endometrium are the diagnostic signs.

Endometritis should be carefully differentiated from tuberculosis. The discharge in tubercular conditions is necrotic, cheesy, and contains tubercular tissue. General signs of tuberculosis will aid in the diagnosis. Carcinoma produces the watery, fetid discharge with increasing uterine hemorrhage, which when once seen, and smelt is never forgotten. Progress in this disease is rapid and the peculiar facies of the cachexia is developed. Microscopic examination

of the tissue will confirm the diagnosis.

Carcinomatous ulceration is excavated, fissured, pale red or grayish, friable and bleeds easily.

#### PROGNOSIS.

Endometritis, as a rule, does not reach the special therapeutician until a number of years have elapsed. In the case of nulliparous women the inflammation is usually confined to the mucous membrane; in that of women who have borne many children the gradually exciting congestion and resulting growth in the parenchyma of the uterus leads to increased weight, displacement and other complications. As a result of this condition and hyperplasia an excess of nutrition occurs or what is less likely an aplasia or want of nutrition, dilation and distention.

The prognosis of chronic endometritis does not under ordinary treatment and applications present a favorable outcome. Under the treatment hereinafter to be outlined, the author believes a favorable prognosis can be given. Long-standing cases with septic infection can be cured provided the treatment is continuous and of reasonable length of time considering the duration of the disease. Recovery of endometritis is generally made; the question of sterility is naturally one that will remain in question.

Louisville, Kentucky.

(To be continued.)

## SURGICAL NOTES

### SCOLIOSIS.

Every case of curvature of the spine should be treated, howsoever slight it

may be—not on account of present deformity but because it may be followed by tuberculosis and is an indication of a morbid condition of the general health.

Cardiac muscle is stimulated by small doses of potassium or double salts of zinc or copper, by caffeine that causes rigor.—Brunton.

Cardiac muscle is depressed by large doses of salicylic acid, potassium or double salts of zinc or copper.—Brunton.

According to Codicilla, a careful research has demonstrated that scoliosis is a form of contracture, and for such conditions the rational treatment is active and passive movements in the deformed portions of the spine alone, the normal portions remaining fixed. The best results were obtained by the author with the apparatus of Schulten. The apparatus of Zander is easier of application and also gives excellent results.

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#### SCOPOLAMINE-MORPHINE ANESTHESIA.

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Dr. W. C. Abbott, of Chicago, in an article in *International Journal of Surgery* (Feb., 1906) says that for all practical purposes scopolamine is the same as hyoscine; and emphatically when combined with morphine for purposes of anesthesia should not be associated with atropine—the hypnotic effect of hyoscine being directly antagonized by atropine, though the two drugs are usually regarded as constituting the two chief alkaloids of “the atropine group.” Hyoscyamine should not be used either—just morphine and hyoscine (scopolamine). A fresh solution should always be prepared, as solutions of scopolamine decompose readily. Small doses raise the vascular pressure, but large doses relax it. It increases secretions generally. Under its influence in full doses the face becomes congested or cyanotic. The caution is given that ether and scopolamine should not be employed simultaneously, since the alkaloid being a vasomotor relaxant, while ether causes pulmonary hyperemia, the combined effect might result in edema of the lungs. This danger does not apply to chloroform.

Hare advises large doses followed by a small amount of chloroform, the latter being taken without any of the disagreeable symptoms of the early stage or the unpleasant sequels. Abbott calls attention to the fact that some persons display a particular susceptibility to the action of scopolamine. Hayem declares scopolamine to be contraindicated in heart disease. It is generally believed to be dangerous in the very young and very old and nephritics.

It possesses some danger. *Medical World* records 14 deaths in 1500 anesthetics (Gurlt—analysis of 300,000 cases—found the mortality from chloroform 1 in 2075; ether 1 in 5112; chloroform and ether combined 1 in 7613; A. C. E. mixture 1 in 3370 and ethyl bromide 1 in 5396). But it should be remembered that surgeons try new anesthetics in cases where they would not think of using chloroform or ether!

To produce anesthesia by the scopolamine-morphine method the patient may be given a hypodermic injection of 1-4 gr. morphine and 1-100 gr. hyoscine hydrobromide (or scopolamine). This is the dose for an adult of average strength who has been ascertained to be free from disease of the kidneys, the bowels and stomach being empty. If within an hour there is no evident effect from either drug—no flushing of the face or delirium, which sometimes occurs when the hyoscine employed consists preponderatingly of atropine—the dose may be repeated. Usually the anesthesia is not complete, so a little chloroform is required—generally the merest whiff, possibly half a dram. Satisfaction is more likely to ensue if the physician has agents of chemical purity.

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Cardiac muscle is depressed by saponin, apomorphine, emetine, muscarine, pilocarpine, veratrum alkaloids.—Brunton.

The digitalin group in large doses cause peristalsis and final arrest of the heart in systole.—Brunton.



Friends must be told in advance that the patient may sleep a long time. Ricketts, of Cincinnati, has reported the history of a patient who slept ten hours, with dangerous concealed hemorrhage. It is well known that the use of chloroform, as an anesthetic in labor, involves a liability to increased postpartum hemorrhage. Whether this tendency is any greater after scopolamine-morphine remains to be seen, but the warning should be heeded.

Dr. Abbott concludes: There is no question that this method offers certain great advantages over the ordinary methods of anesthesia, especially with persons who have some organic disease of the heart, or other affections that would render general anesthesia perilous. But we must reiterate the caution above given as to disease of the kidneys. A serious diminution of the renal elimination would render this method much more dangerous than anesthesia by chloroform alone. In cases of marked reebleness of the heart, however, the new method is applicable, especially as a suitable dose of strychnine may be added hypodermically without interfering with the anesthesia.

During the experimental stage we are sure to have deaths reported, until the limits of applicability of the new method have been marked out. These need not deter us from employing it in cases where it is evidently safe and presents advantages over the older methods. Meanwhile it is to be seen whether the latest suggestion: intraspinal injection of magnesium solutions may not supersede scopolamine-morphine. It is possible that the effects derived from scopolamine (so-called) are really resultant

from the hyoscine therein contained. [It is my experience that hydrobromide of hyoscine is absolutely reliable and probably safe; scopolamine is already notoriously unreliable and is certainly not without danger. I would therefore urge the use of hydrobromide of hyoscine of known excellence, free from atropine, instead of scopolamine. In my hands it has given the best of results.—LAN-PHEAR].

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#### TONGUE-FORCEPS CONDEMNED.

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No anesthetist should use tongue-forceps—they are utterly inexcusable. If the tongue drops back into the throat and chokes the patient, elevation of the jaw by placing two fingers under the angle on each side and throwing the head upward and backward therewith, will produce instant relief, unless there be accumulation of mucus in the throat in which case the head must be turned to one side and a swab introduced to clean out the obstruction. When extensive operation is to be done in either mouth or throat a strong silk thread should be passed through the tongue far back and tied in a huge loop; this will enable the assistant to hold the tongue up out of the way without the serious mutilation which results from the use of forceps on the tongue.

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#### PLEURAL EFFUSIONS IN CHILDREN.

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An excellent article on this subject is contributed to *Journal of the American Medical Association* by Dr. C. F. Wahrer, of Ft. Madison, Iowa, who claims that pleural effusions in children

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Heart depressants cause finally stoppage in diastole, the muscle being paralyzed and can not be stimulated.—Brunton.

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Camphor does not cause the heart to stop in systole or excite its peristalsis; it excites pulsations when stopped by muscarine.—Brunton.

are not by any means always tuberculous, and that they often escape diagnosis. In doubtful cases one should resort to exploratory aspiration by which alone can be ascertained the character of the effusion. He thinks that in children under three, the effusion is usually purulent. The importance of correct diagnosis is the greater, since in most undiagnosed cases the patients die, while with proper treatment the prognosis is good, except under one year of age (when the disease is rare) or when the disease is bilateral, which is seldom the case. In the majority of cases the treatment is surgical. Dr. Wahrer believes that every physician competent to treat these cases should also be able to aspirate a serous effusion or to make a proper incision for an empyema in a child. Of course the more competent the surgeon the better; and in those cases where an Estlander (or a Schede) operation is required the highest possible surgical skill is none too good. The author concludes by urging most painstaking physical exploration in these cases, with all clothing removed and every possible available instrumental aid. Experience teaches him that too many auscultations are made with the unaided ear, too many percussions through clothes and poultices, and that

there are too many snap guesswork diagnoses, especially in diseases of children.

#### DECAPSULATION IN NEPHRITIS.

Reports reach me that a number of ambitious surgeons of the smaller cities (and even some of the larger villages) are decapsulating kidneys for the relief (?) of nephritis. I cannot but condemn this. It may be that loosening the capsule of the kidney—which, by the way, within a week has grown once more to the kidney, slightly displaced perhaps, but just as unstretchable as before—may ultimately be found to be curative of certain types of albuminuria; but as yet the operation is in the purely experimental state, and it is well to leave the operation to men like Ferguson and Edebohls—men who have competent laboratory help to assist in determining what sort of cases should be subjected to operation. So far as my own work is concerned, I have had some excellent results in albuminuria associated with dislocated kidney; but even in my hospital work this is the only class of cases in which I want to operate. Multiple incisions of the capsule seem to me to be more rational than decapsulation.

### GYNECOLOGICAL NOTES

#### PUDENDAL HEMATOCELE.

By a blow upon the vulva the vessels may be ruptured while the skin remains intact; the out-pouring blood being of sufficient quantity to produce a distinct tumor: hematoma of the vulva, or pu-

dendal hematocele. It is even more frequently a lesion of parturition than the effect of a blow or fall. Generally the mass is the size of a hen's egg, but rarely is as large as a fetal head. Small hematomas may be treated by simple compression with rest in bed or applica-

Physostigmine, camphor monobromide, aniline sulph. and arnica-camphor act on the heart like camphor.—Brunton.

Cardiac motor ganglia are stimulated by the alcohol group including chloral, by arsenic and quinine.—Brunton.

tion of the ice-bag, under which treatment they disappear by absorption. Larger ones must be opened under strict asepsis, the bleeding vessel ligated and catgut drain inserted. If allowed to go without this treatment they are apt to become huge pus-pockets, with high fever. Free incision and drainage is then the only treatment, healing by granulation. Freshly opened hematomata often bleed excessively, so the operator should be prepared for the emergency.

#### HYPERTROPHY OF CLITORIS.

The clitoris may be greatly enlarged (hypertrophy); indeed to such an extent as to be sometimes mistaken for a penis. A large proportion of so-called "hermaphrodites" may be regarded as women with extremely large clitorides. It may be congenital, or may result from inflammation and edema. Very rarely elephantiasis may affect the clitoris, causing enormous enlargement.

#### PROLONGED LOCHIA.

Whenever the vaginal discharge continues into the third week after delivery, either there is retained debris with subinvolution or an unhealed laceration of the cervix. It is perhaps not best to make a perfect examination at this stage since intrauterine manipulation might result in serious pelvic infection. Rather it is better to use boric acid or carbolic injections followed by antiseptic suppositories and internally five grains of quinine thrice daily—a drug which contracts the uterine fibers and thus promotes involution. If bloody discharge continues into the fourth week the uterus

must be carefully scraped out and perhaps touched with iodine and carbolic. Internally ergotin, quinine and strychnine are now indicated and in two weeks more the uterus will generally be found of normal size unless serious infection has occurred at time of labor.

#### LACERATED CERVIX.

Much ill that was formerly believed of lacerated cervix is now known to be due to gonorrheal or staphylococcal infection; but even so the laceration should be repaired as early as the woman will consent after the puerperium because it undoubtedly has much to do with continuance of subinvolution and especially because it unquestionably has much to do with cancer in later life. *Restitutio ad integrum* should therefore be the rule for cervix as well as perineum, though repair of the torn cervix is not advisable immediately after confinement as is that of the perineum.

#### THE WOMB AND NERVOUS SYMPTOMS.

Fortunately doctors do not now so often give "local treatments" to the womb for the relief of nervous symptoms as they did a few years ago—they are learning that mere erosions and displacements do not count for much unless accompanied by infection (inflammation); and that insanity, epilepsy, etc., do not depend upon the local trouble, though they may be aggravated by infective conditions and rarely caused by them. Yet it cannot be denied that improvement follows, for example, repair of a lacerated cervix (and curetment for

Cardiac motor ganglia are depressed by ergot, prussic acid, antimony, and large doses of the stimulant group.—Brunton.

The heart stoppage caused by antimony is converted into stoppage in systole by helleboreine.—Brunton.

the accompanying subinvolution) even when the infection is not severe—by some process we cannot exactly explain; but it is very easy to understand how removal of a badly-infected uterus and tubes may cure a toxic insanity, epilepsy, hysteria, neurasthenia; the source of toxemia is eliminated and Nature given a chance to cure. Such cases are, however, not very common; so the medical attendant should be very sure of the existence of grave uterine or tubal disease before advising the "cleaning out" of the pelvic organs for relief of nervous symptoms.

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#### IMPERFORATE HYMEN.

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Roberts (Gynecological Pathology) declares that "probably a few undoubted cases do occur but in the majority of patients the atresia is really vaginal, the normal perforate hymen being visible, pushed forwards and spread out on the surface of the sac formed by the occluded and distended vagina"—a statement concurred in by Matthews Duncan (Clinical Lectures). But I have seen at least three distinctly imperforate hymens, in one of which surgical measures were demanded before sexual intercourse was possible.

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#### THE ACTUAL CAUTERY IN LEUCORRHEA.

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Dr. G. L. Hunner of Baltimore (*J. A. M. A.*, Jan. 20, '06) treats leucorrhea by making deep radical incisions of the cervical tissues with the cautery blade, and claims as an advantage for the method that it can be used in office practice, without anesthesia. He places the patient in the dorsal or lithotomy posi-

tion, and introduces a broad-bladed Sims' speculum into the vagina, the anterior lip of the cervix being seized with a tenaculum and the cervix pulled down as near to the vulva as possible. A nurse works the cautery bulb with one hand, holding the speculum with the other, while the operator keeps the tenaculum in one hand and manages the cautery with the other. As the patient feels the radiated heat, the cautery should be removed from the vagina after each stroke. No pain will be felt if the patient refrains from moving, unless there is a painful cervical scar. In the latter event the author secures preliminary local anesthesia, using for this purpose a tampon soaked with a 20 per cent cocaine solution, applied for ten minutes. Six strokes are usually given ranging from 2 to 5 millimeters in depth and extending across the whole hypertrophied mucosa. Treatments are given once in three weeks and are usually repeated three to six times. To guard against hemorrhage a sterile strip of gauze is left in the vagina, and removed the next night. A little hemorrhage often results. Between treatments a daily douche is advised. No bad after effects were observed with reference to parturition.

The author lays emphasis on the importance of a correct diagnosis before treating leucorrhea. If cancer is suspected a pathologist should be called in. In fresh gonorrheal cases he does not use the cautery, and cervical treatments are not to be persisted in, as there may be infection higher up. Cases not extending above the cervix he considers curable. The quickest and most satisfactory results have been obtained in

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Cardiac inhibition is stimulated by muscarine and pilocarpine, stopping its spontaneous pulsations.—Brunton.

Cardiac inhibition is depressed by the atropine group, cocaine, sparteine and saponin, the pulse quickening.—Brunton.

cervical hypertrophy and eversion due to multiple childbirth.

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#### HYDROCELE OF THE CANAL OF NUCK.

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In deciding on the character of a tumor of the female groin this somewhat rare condition must always be considered. A case-report by Dr. B. S. Talmey (*New York Medical Journal*) pleasantly emphasizes this. The patient was an unmarried woman of thirty-two years. Nine years before coming under his observation, a growth the size of an egg appeared in the right inguinal region. A truss was applied, worn one year, and then discarded, as the mass disappeared in the course of a year. Two and a half years ago a smaller mass appeared a little lower than the one previously found. Under various applications this mass, considered a bubo, also disappeared. It reappeared, however, three weeks before the case was first seen by the author, who made the diagnosis of tumor and hydrocele of the canal of Nuck. This was confirmed by operation, as the opening of the inguinal canal revealed a cyst the size of a hazel-nut within the substance of the round ligament, surrounded by pericystical fluid. The pericystical lumen was in connection with a narrow canal leading into the pelvis. This lumen contained about two tablespoonfuls of a serous fluid. The capsule of the cyst was transparent. Upon the removal of the cyst and the introduction of a finger into the vagina to lift the uterus, several drops of fluid could be seen to empty from the opening of the canal. This plainly showed that the intrapelvic part of the round

ligament also contained some fluid. The round ligament was then extirpated as far as the external inguinal ring, and the ligament sewed on as in the typical Alexander's operation. The recovery was uneventful.

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#### CESAREAN SECTION GAINING ADVOCATES.

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Rapidly Cesarean section is advancing in favor, it having been found safer for the mother than is craniotomy. But essentially, as pointed out by Dr. Stanley P. Warren, in the *New York Medical Journal*, Cesarean section is the child's operation. In elective cases it will almost certainly be extracted quickly and uninjured; in compulsory cases its chances are much better than after a forceps operation or version. The prognosis for the mother rests almost entirely upon the character of the previous attempts at delivery. The chief peril is infection, hence the less interference with the birth canal the greater probability of a normal puerperium. The actual operation is an easy one, within the capability of any physician who has had the usual hospital experience as an interne, and the general practitioner within touch of a competent abdominal surgeon can commonly delay labor until the latter can reach him.

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#### VENTRAL FIXATION.

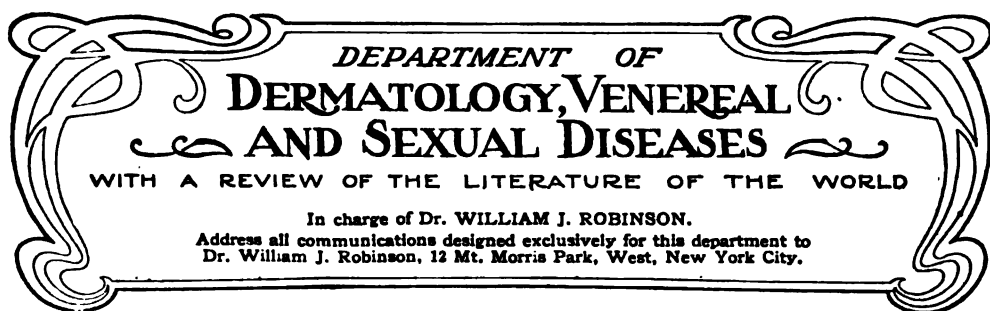
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In spite of the opposition of prominent men ventral fixation undoubtedly is the best, simplest and safest cure for retroversion in women past the menopause or in whom removal of both ovaries is a necessity.

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Physostigmine stimulates the vagus ends in the heart, rendering them more sensitive to slighter irritation.—Brunton.

The vagus ends in the heart are depressed by nicotine, saponin, lobelin, curare, and large doses of motor nerve end paralyzers.



## THE TREATMENT OF BALDNESS.

**B**ALDNESS among men of the professional and thinking classes is becoming so common, that one would think the male part of the *genus homo* would become reconciled to it. Not so. Hair restorers are still having a very extensive sale and the editor of this department gets probably more requests from readers of CLINICAL MEDICINE for "good hair tonics," something "to prevent the hair from falling out," than for anything else. I have therefore decided to reproduce here in a condensed form a translation of Jessner's monograph on the treatment of alopecia, adding some of the formulas approved by Sabouraud, probably the foremost authority on diseases of the hair and scalp.

The treatment of *alopecia seborrhoica*, the most common variety of baldness, should begin with the prophylaxis. A mode of life conforming to hygienic and dietetic regulations, free from overstrain, sexual excess, abuse of alcohol, etc., is the best preventive of alopecia. The scalp must be kept clean by using soap and water, comb and brush. Rough handling of the hair in combing is injurious. Exposure to cold is to be avoided for some time after washing the head. Too frequent shampooing is not to be recommended, especially for dry, brittle hair. Once or twice a week, the washing of the head is, however, requisite

in beginning seborrhea, and will often constitute the sole treatment. Instead of ordinary soap, green soap may be employed, or still better, the Sapo Kalinus of the German Pharmacopeia. The following prescription is excellent:

Saponis kalini. . . Gm. 150 (ozs. 5)  
Tincturae benzoini, Gm. 2 (min. 30)  
Alcohol, to make. . . Gm. 200 (ozs. 7)

A piece of flannel is soaked in this lotion and rubbed into the scalp. A thorough washing with water, as hot as can be borne, then follows. Cold water may likewise be used, and also exerts a favorable influence over the circulation. *Lukewarm water has a relaxing effect and is therefore injurious.* A cold affusion after a hot shampoo stimulates the circulation of the scalp.

[Sapo Kalinus of the German Pharmacopeia is made as follows: 20 parts of linseed oil are warmed up on a water bath, in a capacious tin or porcelain vessel, and mixed with 27 parts of a 15 per cent. solution of caustic potash, to which has been added two parts of alcohol. The heating is continued until complete saponification has taken place. W. J. R.]

The cleansing effects will be greater still if an interval of several hours is allowed to elapse between the application of the lotion and the shampoo. A sensitive, inflamed scalp naturally requires greater caution, lest a trouble-

some eczema be the result. In such cases, a mild, superfatted soap is the best cleansing agent, or the crusts may be softened with oil before the washing. The following is a good ointment in cases where an eczema has supervened; here the treatment of the seborrhea must be interrupted until the inflammatory symptoms have subsided:

Salicylic acid .....grs. 8  
Zinc oxide .....grs. 75  
Tincture benzoin ....mins. 8  
Petrolatum, to make ..drs. 5

Or an ointment of white precipitate may be used. Carron oil is also efficient.

It should be borne in mind that, at the beginning of treatment, with shampooing, numerous hairs will be removed, often to the patient's great fright. He should be warned of this beforehand, and given to understand that only diseased hair is thus removed, which would have soon come away of its own accord. Washing the head once or twice a week fulfils the chief indication of removing the excessive production of fat on the scalp. Should the hair become too dry and brittle after shampooing, it may be treated with any pure oil, taking care not to use an excess of the lubricant. Sometimes the dryness of the hair is the result of too much zeal in shampooing, and the remedy is here evident.

The second indication of the treatment is to combat the insidious inflammatory condition of the scalp and to check the excessive seborrhoic action of the glands. If persistent shampooing is insufficient for these purposes, recourse must be had to antiseborrhoic remedies: sulphur, resorcin, ichthyol, salicylic acid, tannin, chloral. Here are some good combinations:

Washed sulphur ...dr. 1-4—1  
Resorcin .....grs. 8—40  
Vaseline, to make .....ozs. 2

Or

Washed sulphur ..dr. 1-4 to 1  
Ichthyol .....mins. 24 to 40  
Simple ointment, to make ozs. 2

The ointment must be rubbed into the scalp by an attendant. The hair should be separated so as to expose half inch areas of the scalp, and to these patches the ointment is applied with a stiff brush. This is best done at bedtime, and the head covered with a night cap afterwards.

Less reliable, though more agreeable to the patient, are hair lotions, of which the following are examples:

Resorcin .....dr. 1-2—1  
Salicylic acid .....dr. 1-2—1  
Tannic acid ..drs. 1-1-2—2 1-2  
Spirit camphor .....drs. 5  
Castor oil .....drs. 1 1-2—2  
Cologne water, to make ..oz. 7

Or

Resorcin .....grs. 45—90  
Chloral hydrate .....  
Tannic acid, aa,drs. 1 1-2—2 1-2  
Tincture benzoin, mins. 16—32  
Castor oil .....drs. 2  
Alcohol, to make .....ozs. 7

Some patients are very intolerant of resorcin and react with inflammatory symptoms. Occasionally a tarry preparation is valuable in seborrhea of the scalp, and the following is a good formula:

Liquor carbonis detergens dr. 1—2 1-2  
Salicylic acid .....dr. 1-2—1  
Castor oil .....dr. 1—2  
Tinct, benzoin .....dr. 1—3  
Cologne water .....ozs. 1 1-2  
Alcohol, to make .....ozs. 7

As to the use of solid, medicated soaps,

The vagus center is stimulated slowing pulse, by chlorals, atropines, aconitine, veratrum, digitalin, nicotine, prussic acid.

The vagus center is depressed, rapid pulse, by large doses of the agents that in small doses stimulate it.—Brunton.

the author limits them to the after treatment, when the seborrhea is almost entirely cured. A sulphur-soap may then be used in shampooing the head with hot water, once or twice weekly.

All these measures are directed towards checking the falling out of the hair. Once the baldness has become conspicuous, the procedures detailed above will not bring about a restitution of the lost hair. Such restitution is, however, possible, as long as the bald patches are not atrophied and are covered with lanugo. In these cases local irritants must be employed to stimulate hair growth. Massage, friction with rough towels, hot shampooing, and the faradic brush applied daily are all valuable prophylactic measures. Of medicinal agents, chrysarobin is advisable, and its use will be discussed in connection with alopecia areata; less efficient is tincture of cantharides in 10 to 20 per cent combinations, as lotion or ointment.

To recapitulate: The treatment of seborrheal alopecia consists in thorough washings of the head with soap and hot water, supplemented in severe cases with the application of antiseborrheal ointments or lotions. Advanced alopecia is treated similarly to alopecia areata.

The secret of success lies in patient and persistent treatment. No cure must be expected in the course of a few weeks' time. Months will elapse before treatment can be abandoned, and even afterwards shampooing at regular intervals will be necessary if the seborrhea is to be held in check.

The treatment of *alopecia areata* is not hopeless, and is based on the local application of antiparasitic and irritant remedies. The treatment is best inaugu-

rated by removing all the loose remaining hair. This is followed by a thorough cleansing with soap and water. The most efficient medicinal remedy is chrysarobin in 1 to 5 to 10 per cent. ointment, rubbed with a brush into the bald areas and their surroundings. Care must be taken to protect the eyes by wearing a close fitting cap over night. If conjunctivitis appears in spite of this the head must be thoroughly cleaned of the remaining chrysarobin, and the subsidence of the trouble accelerated by means of cold eye washes. Another unpleasant feature of the treatment with chrysarobin, is the discoloration of the face, giving the patient a mulatto's complexion, which disappears, however, as soon as treatment is discontinued.

The application of the faradic brush for five or ten minutes daily is an efficient adjuvant to the chrysarobin treatment, as is also daily massage, or friction with a rough towel.

Irritants have been recommended, as blistering the scalp, scarifications, the use of croton oil, carbolic acid, etc. For example:

Carbolic acid . . . . .

Chloral hydrate . . . . .

Tincture iodine, aa, . . drs. 2 1-2

Or:

Acetic acid, glacial . . . grs. 16

Chloral hydrate . . . . . dr. 1

Ether . . . . . drs. 6

The best local remedies are, however, chrysarobin and the faradic brush. Internally arsenic, and subcutaneously pilocarpine, are well recommended. Recently, phototherapy has been used in alopecia areata, and gives good results.

It should be noted that all these remedies are also appropriate in advanced

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The vagus center is depressed, fast pulse, by the nitrite group, and anything that will lower blood pressure.—Brunton.

The cardiac accelerating center is stimulated by caffeine, picrotoxin, delphinine, cicutoxin, ammonia.—Brunton.



alopecia seborrhoica and, in fact in all varieties of alopecia.

Another variety of baldness is the *mycotic alopecia*, caused by different micro-organisms, and, strictly speaking, a symptom of other diseases. Such are alopecia trichophytica or tinea tonsurans of the scalp, and alopecia favosa or favus of the scalp.

The first is oftenest met with in children; is highly contagious, but gives a good prognosis, as the hair growth is almost always restored. The treatment consists in cutting the hair short and pulling the stumps of the affected areas out. A cleansing with soap and water follows, and tincture of iodine is then painted on the scalp; or the scalp is shaved and collodion applied for five to seven days. The collodion is then removed, and with the pellicle the stumps and scales come away. Now tincture of iodine is painted on, and the application repeated every three days for some time, when the scalp is again shaved, collodion applied, etc. In six to eight weeks the cure is complete. Other remedies like croton oil, pyrogallie acid, resorcin, ichthyol, etc., have also been tried with success. A method recently proposed is to cut the hair short and apply the following to the the scalp once daily, with a brush:

Acidi carbolicci .....drs. 2  
 Ol. petrolei .....ozs. 2  
 Tinct. iodi .....  
 Ol. ricini, aa .....ozs. 3 1-2  
 Ol. rusci, ad .....pint 1

On the sixth day a cleansing with olive oil and a brush is ordered; on the seventh the above mixture is reapplied for five days. This cycle is repeated for three or four weeks. Thereupon a 10

per cent sulphur ointment is rubbed in to the scalp for several days, and the treatment is closed with a two weeks' course of the following:

Resorcin .....  
 Salicylic acid, of each...oz. 1-2  
 Alcohol .....ozs. 4  
 Castor oil, to make .....pint 1

The other mycotic variety, *alopecia favosa*, requires the removal of the hair. This is best accomplished by pulling out each hair with a pair of pinchers. The procedure is slow and trying, but there is none better. The following formulae are useful:

Mercury bichloride .... grs. 8  
 Tincture iodine .....ozs. 2

Salicylic acid .....  
 Ichthyol, of each .....grs. 75  
 Green soap .....  
 Petrolatum, of each ...drs. 5

Or, a 1 to 10 per cent ointment of pyrogallie acid should be used persistently for months, morning and evening. Lately the x-rays have been utilized in treating favus (and with most excellent results).

The variety of alopecia known as *symptomatic*, may be due to a score of external and internal diseases, as erysipelas, syphilis, leprosy, myxedema, acute infections, etc. The treatment is that of the underlying affection, supplemented by local irritants—cantharides, chloral, friction and so forth.

The following formulas are chiefly by Sabouraud and can be found in his latest book, "Dermatologie Topographique":

Oil of cade .....drs. 2 1-2  
 Lanolin .....drs. 5  
 Pyrogallie acid .....

Saponin paralyzes the cardiac accelerator nerves; little or nothing is known about the accelerator centers.—Brunton.

Capillary pressure is raised by alkalies, digitalin, barium, potash, copper, zinc, and their salts.—Brunton.

Yellow mercuric oxide ..  
 Resorcin, of each .....grs. 15  
 M. Ft unguentum .....

Spirit of lavender .....drs. 6  
 Bichloride of mercury...grs. 5  
 Saponified coaltar .....drs. 6  
 Alcohol (60 per cent)...ozs. 8  
 Glacial acetic acid .....gtts. 5

Spirit of ether .....ozs. 7 1-2  
 Spirit of lavender .....drs. 6  
 Distilled water .....ozs. 1 1-2  
 Potassium nitrate .....grs. 8  
 Ammonia water .....dr. 1  
 To be used once a day.

Acetone .....ozs. 6 1-2  
 Saponified coaltar .....drs. 6  
 Tincture of quillaja ...drs. 6  
 Spirit of lavender.....drs. 6  
 Distilled water .....drs. 6  
 Pilocarpine hydrochlor. .grs. 8  
 To be well rubbed in with a brush.

Ether .....ozs. 5  
 Alcohol .....drs. 10  
 Tincture of pilocarpus ..drs. 5  
 Saponified coaltar .....drs. 5  
 Ammonia water .....dr. 1

Lanolin .....  
 Petrolatum .....  
 Oil of cade, of each drs. 2 1-2  
 Oil of birch .....  
 Turpeth mineral .....  
 Precip. sulphur, of each grs. 15

This is a very good ointment for removing dandruff:

Absolute alcohol .....ozs. 7  
 Tincture of capsicum ..drs. 5  
 Spirit of rosemary.....oz. 1  
 Distilled water ....ozs. 1 1-2

The vascular pressure in the capillaries and arterioles is lowered by acids, nitrites and perhaps by quinine.—Brunton.

Potassium nitrate .....  
 Pilocarpine nitrate, aa ..grs. 8  
 Corrosive sublimate ....grs. 2  
 Ammonium chloride ...grs. 2

I trust the above formulas, all of them well tried, will give the readers of CLINICAL MEDICINE a plentiful choice for all stages and conditions of dandruff, alopecia and seborrhea capitis.

#### GONORRHEAL ERYTHEMA NODOSUM.

Dr. O. Hermann (*Muench. Med. Wochens.*, Vol. 52, No. 36) reports a case of erythema nodosum in a boy of fourteen, suffering with a gonorrheal discharge. There were spots on the different parts of the body—shoulders, chest, thighs. Under the right knee there was an elevated, bright red, painful node, also a phlegmonous node on the back of the right thigh. The boy developed remittent fever, new efflorescences developing over the entire body. Three grams of a two per cent solution of collargol was injected intravenously and the injection was repeated in five days. Under this treatment the fever went down, the skin lesions disappeared, and the patient fully recovered. According to the author the skin lesions were in direct connection with the gonorrheal process and collargol here again showed its distinct bactericidal influence on pathogenic microorganisms circulating in the blood.

#### THE TREATMENT OF GONORRHEAL RHEUMATISM.

He who will discover an effective treatment for gonorrheal rheumatism will de-

It is very doubtful if the vasomotor nerves are stimulated by any drug, and not in the muscular walls.—Brunton.

serve to be immortalized in bronze. I confess that I am not more successful in the treatment of this condition than the rest of my colleagues. Of course, we can modify the pain, we can improve the condition somewhat—but there is not a single measure which we can say *a priori* would positively produce a cure or even cause great amelioration. Still we must have some method of treatment and the following has in our experience proved the most satisfactory.

Of the first importance is the urethritis. The urethritis must be cured, the gonococcus must be destroyed. As long as the gonococcus has a dwelling place in the man's urethra and generates gonotoxin, a radical cure is out of the question. The gonococcus must be destroyed and silver nitrate is still best for the purpose, if the urethritis is of a chronic character. If of acute or sub-acute character, protargol will prove more satisfactory. Internally the following combination is about the best:

Salol .....grs. 5  
Antipyrin .....grs. 10  
Codeine .....gr. 1-2

M. et ft chart. No. 1. Make 24 such doses. Sig. One in the morning, one in the afternoon and two on going to bed.

If the kidneys are in perfect condition, the dose of salol may be doubled. But the urine must be watched and as soon as a suspicion of a blackish or a smoky color is noticed, the salol should be discontinued. For the pain in the joints I order painting with a solution or rubbing with a liniment or ointment. The solution, which sometimes produces a magic effect and sometimes fails entirely, has the following composition:

Ac. salicyl .....dr. 1  
Menthol .....grs. 15  
Guaiaicol .....mins. 30  
Alcohol .....oz. 1

M. Sig. Paint with camel's hair brush and cover with cotton and oiled silk.

The liniment has the following composition:

Methyl salicylat .....drs. 2  
Guaiaicol .....dr. 1  
Oleat. veratrinæ .....dr. 1  
Linim. camphoræ .....dr. 1  
Linim. belladonnæ .....oz. 1

M. Sig. Rub in well and cover with cotton and oiled silk or muslin.

The ointment has the following composition:

Chloral hydrati .....dr. 1  
Camphoræ .....dr. 1-2  
Mentholis .....dr. 1-2  
Ac. salicyl .....dr. 1  
Guaiaicolis .....dr. 1  
Atropinæ .....grs. 2  
Petrolati .....oz. 1  
Lanolini, ad .....ozs. 2

M. Sig. Apply externally. Ten to fifteen drops of ol. sinapis volatile may be added to the above.

While this ointment does excellent service in articular and muscular rheumatism, in lumbago, in sciatica, etc., its effects in gonorrheal arthritis are only moderate; occasionally, however, it surprises us very agreeably.

I have tried Bier's hyperemia method—by applying a rubber bandage above the affected joint or joints, but I could not convince myself of its beneficial effects. Perhaps future experience will give more gratifying results.

As to the antigonococcus serum introduced by Rogers and Torrey (See

Vasomotor nerves are paralyzed by potash, arsenic, antimony, mercury, iron, when contraction fails after stimulus.—Brunton.

Vasomotor center stimulated by convulsants—ammonia, cicutoxin, delphinine, picrotoxin, strychnine, cornutine, sanguinarine.—Brunton.

AMERICAN JOURNAL OF CLINICAL MEDICINE, April, p. 500) I have not had opportunity to give it a trial. It is very hard to obtain and I imagine it will not be revolutionizing in its effects; though, *quien sabe?*

#### SYPHILIS COMMUNICATED BY LEECHES.

The following notice reprinted by the *Lancet* from its issue of April 5, 1828, is of sufficient interest to be presented to the readers of THE AMERICAN JOURNAL OF CLINICAL MEDICINE. It runs as follows:

"In a journal entitled *Westphaelischer Anzeiger*, a physician relates a case in which leeches, used at first on a person affected with syphilis, and again employed on a child, communicated the disease to it. It is therefore necessary to know when leeches are employed the second time, on whom they have been previously applied."

No, we do not think it is necessary to know—for the simple reason that a leech should not be used on two different persons. But they were very economical in ye olden days.

#### DANGEROUSLY INCOMPATIBLE.

The protoiodide of mercury is a great favorite in the treatment of syphilis and so is, of course, potassium iodide. But remember never to prescribe the two compounds in the same mixture, as they are dangerously incompatible. The protoiodide of mercury which is chemically mercurous iodide, becomes converted in the presence of potassium iodide, into metallic mercury and mercuric iodide,

which, as is well known, is a much more toxic salt than the mercurous iodide.



One grain of mercurous iodide forms approximately two-thirds of a grain of mercuric iodide. The danger is thus seen to be a real one. Mercurous iodide is often given in grain doses. Suppose a doctor prescribes a mixture containing one grain of the protoiodide of mercury and five grains of potassium iodide to each teaspoonful. The patient would get two-thirds of a grain of mercuric iodide (the red iodide of mercury) to the dose, which would be a toxic dose. It is therefore well to bear in mind: Never prescribe the protoiodide (or yellow) iodide of mercury and potassium iodide in the same mixture!

#### CALCIUM SALTS IN CHILBLAINS.

Dr. G. A. Stephens (*Brit. Med. Jour.*, April 7) is of the opinion that the condition of the blood has a greater effect on the production of chilblains, than is generally believed by the profession.

The drug which seemed to the author the most appropriate was calcium chloride, experiments having proved that the coagulability of the blood was increased by its administration. He gave it in ten to fifteen grain doses with extract of licorice (calcium chloride has a "hot" taste) three times a day and in two to three days the patient began to show remarkable signs of improvement. Broken down chilblains healed up rapidly, and chilblains that were on the point of breaking subsided without breaking. The same treatment was tried in a series of twenty cases among children of the

Vasomotor center stimulated by veratrine, atropine group, salicylic acid, turpentine, camphor, ethereal oils.—Brunton.

Vasomotor center doubtfully stimulated by potash, caffeine, phenol, digitalin, ether, chlorals, chloroform.—Brunton.

deaf and dumb asylum and with equally favorable results. One toe which was almost bad enough to suggest the necessity of amputation, the ulcer being deep and very offensive, showed a very ready response. A friend of the author's used calcium lactate instead of calcium chloride, with equally encouraging results.

[I may add here, that an ointment of calx chlorinata (chlorinated lime and not chloride of calcium) one dram to the ounce of petrolatum, makes an exceedingly useful application for chilblains.—W. J. R.]

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#### DIET IN SKIN DISEASES.

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Dr. Malcolm Morris concludes a general, rather vague article on the above subject (*Practitioner*, April) with a statement that each individual is a law unto himself and that only by observation of the individual patient can we discover what articles are injurious to him. Put not your faith in printed dietaries, says he, or indeed in any general formularies. Above all remember that the patient has larger and better opportunities of observation than the doctor, and if he is a person of ordinary intelligence and self-control, he should be trusted. The doctor who attempts to dictate as an oracle in the matter of diet is like Lord Foppington's bootmaker, who insisted that he knew better than his client whether or not the shoe pinched.

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#### THE REMOVAL OF TATTOO MARKS FROM THE SKIN.

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The skin is well moistened by a strong solution of tannic acid applied by means of a piece of absorbent cotton. This is

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Vasomotor center depressed by phenol, lobelia, large doses of drugs that in small doses stimulate it.—Brunton.

to promote antisepsis and check bleeding. A bundle of three or four needles is then used to obliquely pick the surface of the spot, introducing the needle so as to tear the epidermis. The punctures should be made close together. The surface is rubbed with a crayon of silver nitrate with considerable force. The eschar is then painted with an ethereal solution of tannin, and is kept dry for a couple of weeks, when the derma will separate, without suppuration. The tattoo marks fall off with the eschar, leaving a red surface, which in the course of time becomes gradually less noticeable, as it gets pale. (*N. Y. M. J.*)

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#### MERCURIAL INUNCTIONS IN CHILDREN.

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Dr. J. Comby (*Journal de Medicine de Paris*, March 4, 1906) recommends the introduction of mercurials by friction in young infants, regarding it as the most efficacious method in early life. For these inunctions, he advises the employment of an ointment, which contains equal parts of mercury and excipient (petrolatum, adeps lanæ, or lard). Every day two grams of this preparation is administered. He uses it by rubbing on the skin, whatever may be the age of the infant, a quantity equivalent to one gram or gr. xv of mercury. In fact, we have no reason to fear in early infancy any danger from acute mercurialism. Mercurial stomatitis, for instance, does not occur at this age. As regards the local effects, these are obviated by changing the place of friction every day. The massage is not applied directly over any affected organ, but over different parts of the trunk (axillary re-

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Stimulation of vasomotor center causes rise of blood pressure, depression in fall not dependent on heart-action.—Brunton.

gions, hyponchondriac region, the buttocks, iliac fossæ, etc.) Each friction should be carried on for five minutes, and should be made by the aid of a small piece of flannel, which is then to be left upon the region frictioned. In this way we are sure to make the child absorb a sufficient quantity of the mercury. The good results obtained from it attest the excellence of this rather old method.

#### THE ASSOCIATION FOR THE PREVENTION OF VENEREAL DISEASES.

The German Association for the Prevention of Venereal Diseases held its annual meeting on March 11, in Berlin, Professor Neisser of Breslau being in the chair. Dr. Blaschko, the general secretary, reported that the association had now 5000 members and included 22 local committees; 1,500,000 copies of the pamphlets or leaflets published by the association had been distributed to the public. He also said that the newspapers now permitted subjects of this kind to be discussed in their columns and that there were only a few places where the work of the association was opposed by false prudery.

#### VIGO'S PLASTER.

Dr F. R.—Vigo's plaster has the following composition:

Hydrargyri .....	drs. 2
Olei terebinthinæ ....	mins. 20
Creæ flavæ .....	grs. 20
Resinæ .....	grs. 11
Styracis .....	dr. 1
Empl. plumbi .....	oz. 1

Cardiac stimulants rapidly increase the force and frequency of the pulse in conditions of depression.—Brunton.

A plaster is to be made *lege artis* and spread on linen or cloth. Besides the mercurial it has a stimulating effect and is useful as an application in indolent syphilides. Also in sycosis and acne rosacea.

#### STARTIN'S LOTION.

Cretæ preparatæ .....	
Pulv. calaminae, of each	dr. 1
Ac. hydrocyan, dil. ....	dr. 1-2
Glycerini .....	drs. 3
Aquæ calcis .....	ozs. 3
Aquæ sambuci, ad .....	ozs. 8

A cooling and antipruritic application. If elder-flower water is not readily obtainable, rose water may be substituted for it.

#### FOR RINGWORM OF THE NAILS.

Iodi puri .....	1.0 (grs. 15)
Potassii iodidi .....	2.0 (grs. 30)
Aquæ distill. ....	1000.0 (qt. 1)
M. Sig.	Paint three times a day.

#### FOR LUPUS ERYTHEMATOSUS.

Ac. salicyl ...	30.00 (oz. 1)
Pyrogallol ..	10.00 (drs 2 1-2)
Collodii ..	100.00 (oz. 3 1-2)

#### THE SOCIETY OF SANITARY AND MORAL PROPHYLAXIS.

This society is doing a great and important work. Consisting of prominent physicians, lawyers, clergymen, etc., and its meetings being open to the public at large, it is bound to succeed in bringing to the people a realization of the grave dangers of syphilis and gonorr-

Cardiac stimulants: Ammonia, alcohol, atropine, camphor, volatile oils, ethers, heat, counter-irritants to the precordium.—Brunton.

rhea, two of the most terrible diseases affecting our national life and health. At the last meeting of the Society held at the New York Academy of Medicine, on April 12, Dr. John A. Wyeth read a paper with the following title: "In View of the Injury to the Family and Race from Venereal Infection, Should not Safeguards be Thrown Around Marriage?" Dr. John A. Fordyce discussed "The Value of Education and Treatment as a Safeguard." Ex-Senator Judge Lindsay read a paper on "Should Legislative Aid be Invoked to Penalize the Transmission of Sexual Infection in Marriage?" and his opinion was that it should not. He did not believe in law as a panacea for all evils; in his opinion education was the remedy. Dr. E. H. Grandin discussed the question: "Should the State Demand a Medical Certificate of Freedom From any Contagious Sexual Disorder as a Condition of License to Marry?" His answer was in the affirmative, and the plain unvarnished language the doctor used was refreshing and is a healthy sign of the movement for calling a spade a spade.

#### FOR MULTIPLE WARTS.

Chloral hydrate .....  
 Acetic acid .....aa dr. 1 1-2  
 Salicylic acid .....  
 Spirit of ether.....aa dr. 1  
 Collodion .....drs. 4

Apply to the warts twice daily.

#### FOR DRY ECZEMA OF THE SCALP.

Oil of cade .....grs. 75  
 Zinc oxide .....grs. 75

The effect of alcohol on the heart is probably due mostly to reflex action through the nerves of mouth, stomach, etc.—Brunton.

Lanolin .....oz. 1-2  
 Vaseline .....oz. 1-2  
 Ichthyol .....grs. 15  
 Resorcin .....grs. 15  
 Oil of birch .....grs. 15

To be applied on going to bed and washed off in the morning with a superfatted soap.

#### COMP. SULPHUR LOTION FOR SEBORRHEA.

Sulph. prep .. 10.00 (drs. 2 1-2)  
 Zinci oxidi ... 20.00 (drs. 5)  
 Amyli ..... 20.00 (drs 5)  
 Glycerini ..... 30.00 (oz. 1)  
 Aq. destill ... 90.00 (ozs. 3)  
 M. Sig. Apply night and morning.

#### ALKALINE BATH.

Potassii carbonatis .....  
 Sodii carbonatis, of each ozs. 4

To be used in ordinary bath (about 30 gallons), to which about one-half pound of starch has been added. Useful in subacute and chronic eczema and psoriasis.

#### ITEMS WORTH REMEMBERING.

It is well to remember that gonorrhea occurring in tubercular subjects is generally very resistant to treatment. Be careful therefore not to promise a speedy cure to consumptive patients suffering with gonorrhea.

If the stomach can stand no other form of mercury, try the mercury tannate. Give it in pills or granules 1-6 to 1-2 grain, three to six times a day. It is one of the least irritating compounds of mercury.

To obtain the heart stimulant effect of alcohol by reflex it must be strong enough to irritate the nerves.—Brunton.

# GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

## ACONITINE IN FACIAL AND GENERAL NEURALGIA.

**F**EW remedies have such an efficacious action, and few also are so dangerous when carelessly administered, as aconitine. Its physiological effect is a rapid modification of conscious and painful sensibility, and when its action is strong enough, reflex sensibility also. Its action is even more energetic on the capillaries, reducing hyperemia.

The principal indications for aconitine are based, therefore, on its physiological action, and they are confirmed clinically. They are: facial neuralgia, principally of the congestive kind; secondary neuralgia due to hyperemia in the vicinity; dermalgias; migraine; erysipelas; aphonia; and fevers (Lepine). We reserve this single notion, that aconitine is one of the choice remedies against neuralgia, and especially against facial neuralgia. But it must be administered with great prudence and with close-at-hand watching. Alfred Martinet clearly precised the clinical conditions for the administration of aconitine: "1. Grave accidents have been observed after the initial administration of one quarter of a milligram of aconitine crystallized, at one dose. Hence the necessity of beginning the treatment with a lower dose. We advise that the initial dose be the tenth part of a milligram.

"2. The useful and the dangerous doses in a given individual cannot be determined *a priori*, because of the variability in the tolerance of different in-

dividuals, and the said doses can be determined only by repeated methodic administration. It will have to be remembered that the doses become cumulative and thus the effects lap over.

"In practice it is best to begin with a tenth of a milligram of crystallized aconitine, then according to the observed tolerance give two or three doses in an hour and a half, or three hours' intervals. Give no quadruple or quintuple dose before three or six hours after having given a triple dose and having observed the patient's tolerance; and whatever be the tolerance do not exceed that dose the first day.

"If the effect is nil, and the tolerance perfect, then after one day we can begin with a quarter of a milligram. In a word we must feel our way progressively till we find the individual patient's tolerance.

"3. This tolerance will be mathematically appreciated by ascertaining the appearance of a certain number of clinical signs clear and precise, which will enable us to affirm with certainty that the limit of the individual's tolerance had been reached, and which limits must not be passed over under the penalty of entering at once and sometimes very suddenly into the dangerous zone.

"The first symptom of intolerance coming on about half an hour after ingestion, consists of a feeling of formication, pricking, numbness, distention; the lips and tongue feel first larger in volume,



then the face and neck, then the finger ends and lastly the limbs. The pulse and respiration are a little slower. These phenomena dissipate in one or three hours without leaving anything after them except some degree of physical and mental asthenia.

"According to our opinion, these signs, which are always present in either severe or light intoxication after an initial dose, peremptorily command an immediate cessation of the drug."

Personally we have employed aconitine in a great number of cases, and prescribed in single one-tenth of a milligram doses one, two, three and four times in twenty-four hours without any inconvenience and obtained at times surprising results, although half a milligram had never been exceeded.

We use indiscriminately crystallized aconitine, or aconitine nitrate crystallized.

How is aconitine to be prescribed? It can be done in many preparations.

1. The granule. We agree with Mr. Martinet, that "the granule form in the administration of a substance so active as aconitine, and in doses almost imponderable is well open to criticism, especially with regard to rigorous precision of subdivision and to absorption." And yet granules well prepared are convenient and easy for use, and may be prescribed as follows: Aconitine crystallized, one-tenth of a milligram, or better; granules of aconitine Houdé, one-tenth of a milligram. Or again: granules of aconitine crystallized by Duquesnel, one-tenth of a milligram one to three granules the first day, not to exceed four granules the next day. Intervals at least three hours between doses. Stop the medicine at once if

there is a feeling of formication, pricking, numbness of the skin, of the face, and fingers, or a feeling of swelling and distention of lips and tongue, contraction of the mouth, nose, and eyes, slight dazzling. All these are signs of intolerance of aconitine.

2. Liquid preparations are preferable on account of more certainty of dosage. The formula of Pouchet is typical: Aconitine nitrate, crystallized, 10 milligrams; glycerin (1250 density), 3 1-2 cubic centimeters; distilled water, 1 1-2 cubic centimeters; alcohol 95 per cent, enough to make ten cubic centimeters.

This solution of 1:1000 will make fifty-three normal drops to the gram, and five drops will therefore correspond sufficiently exactly to one-tenth of a milligram.

The solution of Mr. Ecalle, also very recommendable, is an "alcohol glycerated preparation of aconite, very carefully proportioned (*rigoureuxment titre*), which keeps almost indefinitely, is remarkably constant in its action, contains fifty common measured drops (*compte-gouttes calibre*) to the gram, and one-half milligram of aconitine to the gram, which would be a tenth of a milligram in ten drops. (Martinet.)

3. With aconitine other medicaments may be associated. We usually combine with aconitine in treating neuralgias, some valerianate, or extract of valerian; quinine valerianate, hydrobromide or hydrochloride; extract of cinchona; gelsemium sempervirens (20 per cent tincture), five to eight drops two or three times in twenty-four hours. Rarely do we give morphine (one to five doses of two milligrams of the hydrochloride) at the same time when we give aconitine.

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Give alcohol in disease in small doses, continuing only as it brings the circulation toward the normal.—Brunton.

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Camphor, useful heart stimulant in fevers with failing circulation, in exanthems with rash backward, asthenics.—Brunton.

The valerianate of morphine recommended by Mr. Query is nearly impossible to be procured.

From what was said it is to be deduced, that in rebellious cases of neuralgia the therapeutic action of aconitine is the most powerful; that it must be administered with great prudence; that it is best to begin with the tenth of a milligram as a dose, advancing to two or three-tenths milligrams (the mean dose), without exceeding five or six tenths of a milligram *pro die*, and lastly that it is to be given under the close observation of the physician.—L. M. in *La Province Medicale*, January 27, 1906.

[The GLEANER thinks the above a good omen of the beginning of therapeutic's deliverance from the traditional inertia and nihilism of the past. In 1894 Nothnagel and Rossbach say in their *Arzneimittellehre* that "Aconitine is a remedy which can be altogether dispensed with, and considering the enormous differences and great poisonousness of some of its preparations, it is to be rejected altogether." And in 1905 the editors of the National Standard Dispensatory show remarkable faithfulness to traditional therapeutics by even a more than an *ad sensum* transcription of the above in saying: "Aconitine is so powerful and so uncertain in its action that it should rarely if ever be prescribed in internal medicine, especially as it possesses no distinct advantage over aconite." Millions upon millions of aconitine granules have been dispensed in France and in this country for the last thirty years, with wonderful benefit and not an ill report, but tradition is stronger than truth—for a while only as the above shows! Following the example of Burggraeve, we

use and recommend only the amorphous aconitine, which is entirely free from any dangers which can possibly be charged to the crystallized alkaloid.]

#### ISOPRAL, AN EXTERNAL HYPNOTIC.

It sometimes happens that a hypnotic or calming remedy can not be given *per os*, and not even *per rectum*. And the number of such preparations that could be given hypodermically is limited. It was therefore natural that such a medicament which could be applied externally was looked for. To meet this aim isopral (trichlorisopropyl alcohol) seems to be favorable.

It is a beautiful crystalline body, which is soluble in water, alcohol, ether, and oil. It volatilizes like camphor at common temperatures. Suitable and sufficiently concentrated was found to be the following mixture in which isopral can be dissolved easily at a cold temperature: Oleum ricini, alcohol, aa 10.0; isopral, 30.0. The application is made by rubbing in the desired quantity of the solution in the skin of the brachium, or of the femur, if the subject is thin.

The embrocation should not take too much time lest evaporation take place. The moistened skin is covered with gutta percha paper and secured with a bandage, which is not to be removed before one or one and a half hours. No unpleasant effects have been noticed.

Sleep does not take place before one-half to two hours, and lasts on the average from four to seven hours. The calming influence lasts frequently till next day. Generally speaking the pain calming power of the remedy seems to ex-

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One of the most powerful heart stimulants is heat, in stomach or over heart, and fever excites heart.—Brunton.

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Vascular stimulants dilate peripheral vessels and facilitate the flow of blood through them.—Brunton.

ceed more or less its hypnotic effect. It is possible too that the external application of the remedy may do good in painful muscular diseases, joints, pain, etc. — *Munchener Med. Wochenschr.*, 1905, 948. In *Pharm. Centralhalle*, 1905, p. 931.

### THE NATURE OF HEMOPHILIA.

H. Sahli writes the following in *Zeitschr. f. Klin. Mediz.*, Bd. 56, H. 3 and 4, 1905. Morphological examination of the blood in three cases belonging to hemophilic families showed a percental decrease of the number of neutrophilic leucocytes, otherwise conditions were normal. The coagulation of the blood was during the time when the respective patients were bleeding very much slower than normal, when the blood examined came from a very small prick. On the contrary there was coagulation at the time of a stronger bleeding, even "much accelerated which must be taken as a reaction of the organism on the bleeding, since the coagulation was again retarded when the bleeding ceased."

The continuance of the hemophilic bleeding in spite of the accelerated coagulation is ascribed by the author to the quality of the wall of the damaged blood-vessels, which is chemically altered and made abnormally fragile. Therapeutically, nothing more can be rationally done for the bleeder's constitution than to promote its welfare to the highest degree possible. Against the bleeding are effectual, compression, gelatin dressings and eventually local application of adrenalin. The author warns against hypodermic injection of gelatin. For the internal use of calcium chloride, he

thinks there are yet wanting sufficient data.—*Wien. Mediz. Wochenschr.*, 1905, p. 1121.

### HEMOPTYSIS TREATED WITH AMYL NITRITE INHALATION.

Rouget of Val-de-Grace gave a resume of ten cases of hemoptysis which yielded to the inhalation of amyl nitrite after resisting all other means used. The remedy showed not only its curative but also its preventive power in a case of a patient who knew the prodromic signs of hemoptysis, viz., a nauseating taste in the mouth, and a peculiar uneasy feeling in the chest. In this case the inhalation of amyl nitrite prevented the access of the hemoptysis.

The explanation of this action of the remedy is, the reduction of the tension which it produces by vasodilation peripherally, amounting to a veritable revulsion. Coincident effects are confined by others. *Gazette des Hopitaux*, No. 45, 1905, p. 536. [The treatment rests upon the same basis as our recommendation of glonoin—which we know to be effective.—GLEANER.]

### STERILIZATION OF COCAINE SOLUTION.

There is caution to be had when sterilizing a cocaine solution by whatever method this is done, and whatever glass vessels are used. Duffour and Ribaut have shown experimentally that some of the cocaine is decomposed. It is best and safest to use very feebly alkaline glasses, and keep to a temperature of 100° C. (212° F.) as near as possible.—*Rep. de Pharm.*, 1904, 340; in *Pharmaceutische Centralhalle*, 1905, page 931.

Vascular stimulants are heat, alcohol, ammonia, ethers, Dover's powder, acetate of ammonium.—Brunton.

All nitrites dilate the blood-vessels and thus act as vascular stimulants. Equalizing circulation prevents internal congestions.

# MISCELLANEOUS ARTICLES

## THE IDEAL PROFESSIONAL LIFE.

**I**N the February number of THE AMERICAN JOURNAL OF CLINICAL MEDICINE the editor has an article—and it is a good one—on the paramount importance of medicine as a factor in the promotion of human welfare and in the conservation of human life. Moreover, the JOURNAL has recently contained good articles which dealt with the patent medicine evil and with medical frauds and humbugs generally. It is not necessary for my present purpose to designate the particular articles to which I refer—read the JOURNAL and you will discover them.

Now, in addition to medical journals I also read the “physical culture” magazines, and find in them many things of value. But some of these, at least, are decidedly “ultra” in their claims for their specialty and in their opposition to the use of drugs.

This is a sin that I cannot accuse the editors of the JOURNAL of committing. I have found them uniformly fair in their criticisms of other schools and practices—I deem them to be men of broad and liberal views, and far too sensible to tie themselves to the tail of any dogma. They are strenuous in their efforts to avoid even the “appearance of evil,” as witness the recent change of name for the JOURNAL. There was nothing wrong in the name, THE ALKALOIDAL CLINIC, but it caused some weak brothers to stumble, so the editors have decided to remove

this source of offense. I know, too, that they often recommend measures other than drugs, even other than the alkaloïds. If they did not do this I should find my confidence in them somewhat disturbed.

But with our utmost endeavors to be fair-minded there certainly exists too much of the spirit of partyism, of selfishness, and too little of the spirit of humanitarianism and fraternity. I am conscious that it would be impossible for us to fully investigate and make careful trial of every new system and drug, of every “fad” that is proposed. Not one of us has the necessary grasp of mind to enable us to master even a large part of the various “systems” of practice. Still, we could do better than we now do. We could at least regard these things with greater liberality. For example, while there may not be any valid excuse for a *school* of osteopathy, or of hydropathy, nor for a school of physiotherapy, yet these are important, and in the near past too much neglected departments of the healing art, and do not deserve our utter contempt, which is too often all we deign to give them. Some one suggests osteopathy. We reply with a snort of disdain.

On the other hand there is no just reason for the wholesale condemnation of the drug-treatment of disease, and still less for the belligerent attitude of the advocate of physical culture. The truth is, medicine is a broad and liberal science,

and within its domain should be found ample room for whatever will heal the sick or relieve pain.

And here it may be remarked that there is a reason for the "patent-medicine fake." Many patent and "proprietary" compounds are distinctly useful. Sometimes they fill a void in what we are wont to term "legitimate" therapeutics. Most of those that are worthy of confidence have been manufactured in the first instance, from the prescriptions of physicians. Many patent compounds have become distinct evils, whatever they may have been originally. But here is the practical point which we should not lose sight of: As some one has said that every nation has the criminals which it deserves to have, so say I with reference to patent medicines and medical fads generally, we have those which we deserve to have. For, were we, as members of a great and liberal profession, less hidebound in the recognition of the truth and of merit in our fellows; less skeptical in our estimation of the value of drugs; less contemptuous in our verdict concerning the measures our brothers have found useful; had we been more willing to study and to test the things which thought and experience have recommended to others—in short, had we used greater diligence in keeping up with the procession, and had we relied less on the pitiful handful of wisdom we as individuals have been fortunate enough to gather, we need not have been humiliated by the sight, at every cross-roads, of the 60x100 bill-board blazoning forth the superior virtues of "Dr. Salamander's Golden Specific," etc.

But we were content to rely on quinine and Dover's powder, on tincture of iron

and Basham's mixture, and we rejected the things which our brothers told us they had found useful, and particularly if they happened to be labeled "eclectic,"

"homeopathic," "hydropathic," and the like. We were therapeutic nihilists—too many of us, alas! are so yet! We were not merely nihilistic in therapeutics, but we decided that there were only a few basic conditions in pathology—a half-dozen well-tried remedies would cover them. We sowed to the wind. Behold, now we howl when we are compelled to face the whirlwind!

For I assert that, if every individual in the profession would only think less of his *amour propre*, of the little, pinch-beck successes he has had, or that he thinks he has had, and of his ledger-footings, and would devote more brain-power to the pathological changes of disease: if he would only lay less stress on "what the professors taught when I was in college:" on "what the authorities say," and instead be ready and willing to adopt any line of management that promises to bring out his patient sound and well rather than to see him sent to the boneyard because some "solon of medical science" has decreed that "medicine is powerless in those cases," the medical quack would be able to see his finish at no great distance ahead.

But the doctor must mentally put himself in the place of the invalid and try to imagine how he would like to be passed on with a wise shake of the head and a shrug of the shoulders, and then he will be able to break through the shell of selfishness that envelops him and begin to make himself really felt as a factor for good to humanity. For almost all people instinctively love a sane

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Cardiac tonics have no perceptible immediate effect but render the heart beats stronger and slower.—Brunton.

Cardiac tonics: Digitalin, erythrophloeine, strophanthin, convallamarin, adonidin, scillaine, caffeine, strychnine, helleborein, antiarin.

and philanthropic physician, and when he appears in the guise of the "family doctor" who understands us and who is ready and willing to sacrifice even his pride to save our lives, who will try any thing that holds out the slightest promise of hope, he can then give the quack and the faddist "cards and spades" and beat them. But let the patient once conclude that "his doctor" has given up hope and ceased to take an active interest in the case, that he has mentally said: "This chap's got to die—nothing will save him—it's folly to do anything for him!" and—well, my brother practitioner, what would you do if you were in that man's shoes? Without a doubt you would demand that Doctor Miracle be called in to try conclusions with the ugly shape that hovers over your couch!

And so I say to the physical culturist, to the hydropathist, and to every other man who can see no good in anything but the speciality he himself practises, "Jump out of your rut, my man, and you will be able to see what other men, and at least as good men as yourself, are doing. It will do you good." Physical culture, nor any other culture, does not exclude drugs any more than it excludes beefsteak. For where is the hard-and-fast line which they would draw between the highly-specialized food and the medicines administered by the physician? The two classes insensibly merge into each other.

But the abuses! Tell me what it is that is without them. We live anything but ideal lives, and we must contend with the untoward chance, the baneful influence. Could we always have perfect control of all the conditions of life; could we eliminate accident and the

doctrine of chance; could we quit making mistakes of judgment and of burning incense to passion; could we put an end to congenital defects and to inherited predisposition; could we, as it were, by a wave of the hand, inaugurate the ideal age of the world, we might, with a perfect comprehension of the laws of life, be justified in "throwing physic to the dogs."

We might then be able to preserve the race in all its perfection by a few simple rules of living, and by the assiduous practice of physical culture. Until this golden age is surely ushered in, however, the wise man will continue to apply to physicians to relieve him of the ills that will assuredly beset him at some time of life, and until then, too, will he apply to the one whom he believes to be best fitted to certainly and speedily relieve him of the incubus of disease which weighs him down and interferes with his pleasure and his profit. And by no rule of reason can he be condemned.

M. F. CUPP.

Metamora, Indiana.

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To all of which we say Amen and again Amen! Oh, for a broader, less hidebound profession—one not bound to its idols and willing to seek the truth and accept it, wherever it may be found, even though we have to reach out for a helping hand to the unorthodox! The possibilities of relief for the sick are not realized one-tenth what they should be, largely because of the contempt we are too foolish to suppress for those who do not carry the stamp of "scientific" thought. What a responsibility rests upon the physician! We need more of

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Cardiac tonics are most useful when the left ventricle is unable to drive the blood with sufficient force into the aorta.—Brunton.

I have found erythrophloeum give most satisfactory results in simple dilation without incompetence.—Brunton.

the freedom from sectarianism, the broad eclecticism of creed, which characterizes Dr. Cupp's article.—Ed.

### THE PHYSICIAN'S IDEALS.

February 17, last, the Chicago Medical Society tendered a farewell banquet to Dr. David J. Doherty, for many years a member and officer of the Society, on the occasion of his departure for the Philippines, where he is to engage in a noble philanthropic work on behalf of the Filipino people.

Below we are printing a portion of Dr. Doherty's address on this occasion, an address which breathes such a noble spirit, is filled with such lofty humanitarianism, that it ought to serve as an inspiration to every young man entering the profession, and a stimulus to good works on the part of those of us who are in the struggle and realize faintly our obligations, as man to man. CLINICAL MEDICINE wishes Dr. Doherty Godspeed in his new work. We quote from the *Illinois Medical Journal*:

In regard to the profession of medicine, it has so often and so justly been the theme of panegyrists that I need not eulogize it to the extent of my high opinion of it, lest this gathering should become merely a mutual admiration meeting. It is, however, permissible to say that in it are found the finest ideals of the human soul, ideals that dignify manhood and that can clothe with the splendor of a king even the rags of a beggar. These are humanity and scientific truth. It is by virtue of its ideals that medicine is a profession and not a trade. In proportion as we lose sight of them we shall sink to the level of mere hucksters, and, *facilis descensus Avernii*, it is but a logical step further to creating a demand for our services. That

would be treason to the human race. What a monstrosity would that doctor be who looks only or chiefly at the money side of medicine, who, in the words of Thomas Paine, "hunts after the mammon of this world with a step as steady as Time and an appetite as keen as death." He will end by wearing his profession as a highwayman wears his mask. There is, gentlemen, no refuge from the degrading abyss of commercialism save in the contemplation and the pursuit of the ideals of medicine. There is another thing about these ideals. They are not dreams of poets nor metaphors of rhetoricians, but realities founded on conviction; and conviction is the most potent stimulant to action and results. A minister might resign his ministry because he can not be sure that he can save a man's soul, but a physician is sure that he can help, possibly can save a man's body; and, though he must still recognize the limitations of his power, his conviction trembles not, for he has before him the beckoning wand, the increasing light of advancing scientific knowledge.

Now I take it that virtue is merely habitual, striving after worthy ideals. In speaking of the virtues that become a physician I do not refer to the homely and civic ones which belong to every good citizen and every decent man, which are the monopoly of no individual but the common heritage or common duty of all mankind. Neither do I refer to the heroic virtues. Both these classes of virtues belong to the individual, not to the profession as such, but I do not hesitate to aver that, with the exception of the military, no profession furnishes as large a percentage of individuals capable of heroic virtue as does the medical profession.

There lingers in my memory one case of heroic self-sacrifice which made a strong impression on my life. When I was a boy in my teens the church which my parents attended had as sexton a man about 30 years old, who had a

Cardiac tonics are especially useful in mitral regurgitation when compensation is insufficient.—Brunton.

The heart will often continue to act well even after the tonics enabling it to do so are discontinued.—Brunton.

wife and two children. He was poor but ambitious, and he began the study of medicine in the intervals of his regular work. The whole congregation was interested in his undertaking, and in due time he graduated. That was about two years after the close of the civil war.

Hardly had he obtained his diploma when an epidemic of yellow fever broke out in the South and swept north as far as Memphis, causing great mortality and vast suffering. Calls were issued for nurses and doctors to go to stricken Memphis. What were the immediate motives of our sexton-doctor I know not. Perhaps he meant to acquire experience, to gain reputation, to earn money. I do not know. But this I know: he volunteered and within one week of his arrival in the plague city he fell a victim to the disease. All his hopes vanished, all his ambitions dismantled and his wife and helpless children left to the chances of a selfish world—if there is no God of the fatherless to have care for them. Forty years have passed, his name and fate have perhaps been utterly forgotten save by the thoughtful boy, who, himself now old, pays his tribute to the memory of a doctor who gave his life for his fellow men. I have often thought of him, and the lesson I learned from him is that contained in the words of the Master: "Work ye whilst the day shineth, for the night soon cometh, when no man can work."

The professional virtues, those that become a physician, are these; human sympathy, love of study and fraternal spirit. Of these, the first and chief is human sympathy. It is the core, the heart, the very soul of medicine. No other profession, not even the clerical, should be so permeated with it. I will narrate three incidents to exemplify the presence or absence of this most necessary virtue.

About fifteen years ago a physician of considerable repute was speaking to me of a certain needy patient. He said: "I do not take such cases any more, because

there is no longer either money or reputation for me in them." He had the wrong spirit, because he lacked human sympathy. Since that time he has been disappointed in some of his medical ambitions. And why? Because the spirit that caused those words showed itself in other ways also and forfeited him the support of his fellows. Again, I stood at the side of a surgeon in the operating room. As he took up the knife he said: "I fear this case will spoil my statistics, but it is my duty to operate." That was the right spirit; he put his duty to the patient above his own reputation.

Finally, my collector told me of a case that recently happened. Of course, medicine has a business side which we can not ignore, because we also must live; sometimes the *res angusta domi* forces us into being strict, but oftener we find it difficult to control the process of collection after we have started the machinery by placing our bill in an agent's hands. At any rate, in the case I have in mind judgment was obtained against the debtor and the constable proceeded to levy. As soon as the doctor was told of it he drove to the place, paid the constable his fees and dismissed him and handed a receipted bill to the debtor. I do not know the doctor personally, but I certainly honor him, for he showed the right spirit. His human sympathy could not tolerate such extreme measures.

Now, gentlemen, perhaps I am going into deep water in what I am about to say, but it lies upon me to say it, for I am 56 years old, *tengo cabeza*, as the Filipinos say, and I have convictions. I am convinced that the only enduring basis for human sympathy is religious mindedness. I do not, of course, mean church membership. That is a matter for the individual conscience; but religious mindedness pertains to the professional conscience. I mean by it the recognition of something beyond matter, the acceptance of a morality that is not materialistic, if such a thing as materialistic morality can exist. Too often the

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The great risk attending the use of cardiac tonics is that of sudden death from syncope.—Brunton.

When cardiac tonics must be pushed keep the patient in the recumbent position, forbidding quick raising.—Brunton.



medical profession is charged with materialism, because the dissecting scalpel discovers no spirit. Just a fortnight ago I had occasion to meet a woman whose 15-year-old son had died shortly before. Her grief was almost irrational. Her blue eyes actually blazed as she said to me: "I hate God, I hate the doctors, I hate all men!" And she laughed scornfully as she said: "You doctors do not believe in a God, do you?" For myself I was able to answer, "I certainly do," and I tried to assuage her grief by such words of comfort as I could command.

But the incident set me thinking, and this is what I thought out: unless the physician occupy a high moral plane outside of materialism he should not be entrusted with the great, the almost God-like power he has over life and death. Think of the awful responsibility that rests upon him! A callous clod must he be, indeed, who can view the passing away of a human being without a thrill of awe. When we contemplate what death means to its victim and much more to the beloved ones whom he leaves behind, how painstaking, how conservative, how sure should be the man upon whose word rests the course of treatment, the performance of an operation that means life or death.\* I do not urge this reflection as an argument, because a materialist may, perhaps, have such a sense of responsibility. But the two reasons that have kept me from materialism and that lead me to assert that a physician should not be and logically can not be a materialist are these:

First—I have said that human sympathy is the essence of the art of medicine, without which it will degenerate into a base traffic. Now if all is matter, if the maimed and suffering among our fellow men are mere chips to be cast aside, why have sympathy? It is pure waste. Pity is no longer either an emotion or a motive, and the physician becomes a pitiless machine, just as his patient is a mere block. Materialism stifles the very life of medicine.

Second—Etiology is, perhaps, the

chief principle of the science of medicine. We look for the cause of disease in order to prevent disease, and we look for it in order that by removing it we may cure disease. Yet etiology, the sequence of cause and effect, is the principal argument for deism, for the recognition of a power outside of matter. I leave it to theologians to thrash out to what extent such recognition means a personal God, and I am content now to record my protest against medicine being classed as materialistic.

The second virtue that becomes a doctor is love of study. His studies should be concerned chiefly with matters pertaining to his profession and his best book should be his medical society. However, it is legitimate to make excursions into other subjects. That relieves tension and preserves balance. Such side issues should not overshadow his profession, and in this respect I have perhaps deeply sinned, for I have been almost swept from my moorings, almost divorced from my legitimate mistress, medicine, by non-medical study and work. Therefore on this point I am a poor preacher. But I can at least insist that whatever we do or study outside of our profession should be worthy of a man. Along in the 70's I knew a promising artist, who told me that he deliberately went on an occasional debauch because the reaction from it gave him choicer inspiration and clearer vision. He was able to do better work in the period of reaction. What folly! He beastialized himself in order that a repentance might make him feel angelic. Is it any wonder that he ruined his career, that his evil became a habit more quickly than his good, and that both his name and his work have disappeared? Let, then, all that we do or study inside and outside of our profession be worthy of men.

The third virtue of a physician should be a fraternal spirit. This may be considered with regard to the profession at large or with regard to the individual member. In its first aspect the fraternal

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\*The most dangerous thing for a patient taking heart tonics is to rise from lying down, to micturate.—Brunton.

Vascular tonics cause increased contraction of the arterioles or capillaries, checking also effusion of lymph.—Brunton.

spirit of the profession is safe in the keeping of the national organization. This was evident to me as I listened at the last meeting of our society to the papers of the secretary of the American Medical Association and by others. I felt proud to realize to what a great extent Chicago is the focus and distributing point where so much energy is accumulated and so much influence is distributed for the benefit of the profession at large. But it is in contact with individuals in the competition of daily life that a doctor's fraternal spirit is most severely tested. In that sphere the rivalry, the jealousy, the bickering (usually petty) that belong to selfishness are apt to undermine this most necessary virtue. Two considerations will help us to be strong. First, it is legitimate to desire and strive for success.

But what is success? One thing is sure: it need not involve the injury or ruin of a fellow practitioner; it should not trample upon the rights of another man. You may cry "Excelsior!" in the teeth of the mountain, you may plant your standard upon its very peak, to be known and spoken of by all men, but as long as that trodden fellow being, by whose downfall you have climbed, lies at the mountain's base there is no honest success. Neither your own conscience nor the judgment of your fellows will give you plaudits. I know that some say that life is a strife. I deny it. Life is growth, and Nature and Nature's God meant opportunity to grow to be as free and fair for all as air and sunshine. The second consideration is that justice is a fundamental obligation to the human soul and that justice must mean taking everything into consideration—a man's environment, his handicaps and, above all, his motives. Hence it must lead to gentleness and not severity. The man who deals with a competitor in that spirit of justice will never trample upon him.

When I look back over the years of my medical practice, perhaps the only bitter recollection I have is of the early years when I was sometimes supplanted

in the care of a case, either unfairly or unnicely, by some older, abler or better known practitioner. The case meant only a dollar more to the other man, but oh, how much more than a dollar less it meant for me, for it meant, perhaps, an injured reputation, or at any rate discouragement. Hence I plead with the older practitioners to be generous with the younger man in the profession, and to set no other limit to their generosity than the safety of the patient, or, as occasionally may happen, their own need.

### CEREBROSPINAL MENINGITIS.

Apropos of the case of meningitis reported in the February CLINIC (page 240), I will say that November 10, 1905, I received a hasty call to the country to see a man who was thought to be dying. I drove seven miles through a sea of mud and found an eighteen year old lad lying on a dirty couch in a dirtier room (10x10 feet square). He was unconscious, back and neck ached, and stiff as an iron rod. Clonic convulsions of arms and legs, pupils widely dilated and inactive. He could not speak but could swallow liquids (in small quantities only). Pulse eighty, small but hard. Temperature under the arm 100.2° F., breathing irregular.

Inquiry revealed the fact that he and four others had been cooking, eating and sleeping in this small, dirty room during the past four weeks and as the weather was bad and the floor on the ground, with practically no ventilation, the sanitary condition can better be imagined than described. He had been feeling badly a few days prior to this; headache, stiffness of neck, soreness and aching of muscles, etc., but that morning as usual went to work with the other

The most important vascular tonics are digitalis, iron and strychnine. They are important in dropsies.—Brunton.

Obstruction of the veins will not cause dropsy without paralysis of the vasomotor nerves in addition.—Brunton.

boys and worked until near noon when he raised up (they were picking cotton) and said he heard a noise and told the others to listen. He then fell heavily to the ground without uttering another sound and was carried to the shack in the condition in which I found him several hours later.

I soon decided it was a case of fulminant cerebrospinal meningitis and as I had read and re-read the treatment as outlined in the May, 1905, CLINIC I decided at once that I would do the lumbar puncture and give such other treatment as seemed indicated. But I was seven miles from my office and without an aspirating needle; it was late, the roads were bad, it was then beginning to rain and I had other patients to see and was tired and sleepy, so I decided to give him some preliminary treatment and do the puncture soon next morning. So I gave him twenty grains of calomel in ten doses and directed it given every hour till all were taken, and fixed a two-ounce mixture, each teaspoonful of which contained a granule of defervescent compound (No. 1), two granules; pilocarpine, gr. 1-24; coniine hydrobromide, gr. 1-30; ergotol, ten minims; water, q. s. Direct, teaspoonful every two hours unless sleeping quietly.

I gave such other directions as to care, etc., as seemed best, and went back home and called up Dr. A. B. Fair and after telling him what I had, asked him to go see the patient with me the next morning. He agreed, and the next morning at nine found us there and we found the patient's condition much the same, except the temperature was 102° F., and vomiting (which had been violently explosive,

squirting it through his teeth five feet across room and in my face the day before, and which I failed to mention in its proper place) had ceased. Bowels had not acted and the opisthotonos was as marked as ever. Face, neck and breast were covered with large red spots. We gave him a hypodermic of morphine and atropine and the clonic convulsions became less marked but back and neck relaxed not a little bit. We tried for Kernig's sign and found it marked, also the red line after slight pressure.

Dr. Fair agreeing as to the diagnosis and the proposed treatment. We gave him some chloroform and I passed a long slim operating needle into the sac surrounding the cauda equina (puncture made through third lumbar interspace to depth of one and one-third inches) and fluid (slightly turbid), began to flow in a stream. Neither of us had ever made a lumbar puncture before and we were at a loss to know how much fluid to take, but remembering to have seen a statement that usually the fluid "exudes in drops" we decided to draw off until fluid began to drop rather slowly. Needle remained *in situ* twelve and one-half minutes. During six minutes it ran in a stream and during five it dropped from ninety to one hundred and forty drops a minute (90 when we quit). During the other one and one-half minutes I was injecting a one per cent solution of lysol (210 minims). We then withdrew needle and covered puncture with collodion, gave ten more grains of calomel, and continued other treatment and left.

We returned the next morning and to our great surprise found him better. Twelve hours after the puncture he had spoken the first word which he had ut-

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A watery condition of the blood alone causes no increased lymph exudation so long as the vasomotor nerves are intact.

Arsenic lessening oxidation may cause edema by forming sarcolactic instead of carbonic acid.—Brunton.

tered since the stroke. Fever was gone, pupils contracted and active, bowels had moved freely. Not fully conscious but would respond to a question. Clonic convulsions had ceased but back and neck still stiff and ached. We introduced needle again and as fluid exuded slowly we only drew off four and one-half ounces and injected another 210 minims of one per cent solution of lysol. Continued the other treatment, except the calomel, and in addition put him on brown iodized lime, gr. one, each hour.

We went away and called again next morning and found him fully conscious but weak and back still somewhat stiff, but not so badly drawn backward. Gave him some 1-45 grain strychnine tablets and instructed to give one every four hours. Stopped the coniine and deferrescent compound, but continued the lime iodized and gave strychnine every three hours.

From that time on improvement was rapid and he soon passed out from under my care and I saw no more of him until January 20, 1906, he came into my office and I did not recognize him until he told me he was "the boy who was dead." I examined carefully and found no trace of what he had gone through. I told him he seemed to me to be as perfect as when God first made him. He said he was glad and would pay his bill, but at the present writing he has not, but lots of others do. "So mote it be."

We have lots of la grippe and pneumonia down here in God's country, and it is bad. Have had an unusual number of most unusual post-grippal conditions recently.

F. G. PRIESTLEY.

Frederick, Okla.

We want to congratulate you, Doctor, on the energy and efficiency of your treatment and its satisfactory issue. This case was undoubtedly a desperate one, and the fact that you were able to pull him through in spite of the adverse surroundings and bad conditions generally, ought to give your practice a decided boost in that locality. You certainly have good reason to have faith in the lumbar puncture and the use of the lysol solution, as suggested in the columns of the CLINIC.

Cases of this disease are, fortunately, rather rare, but it is all the more satisfaction to have them recover when death is the result to be expected.—Ed.

#### A HELPING HAND FROM BOSTON.

I have received from time to time your urgent appeals for help to circulate the good teachings and principles of the CLINIC and as many times resolved to just drop you a line by way of encouragement, which is certainly due you from every member of the family for the very excellent work that you are doing. I believe that you are fast becoming a most potent factor in instituting a radical change in "medical methods."

Your valuable magazine is worth ten times the cost of my subscription every month, for the many practical, useful pointers which I get from the perusal of its pages. I can truly say that I owe one-third of my successful practice to the simple facts I have learned from your incessant hammering about "clean out, clean up and keep clean" methods.

I am curing cases every day, and that too in a very short time, by applying

While acids seem tonic and alkalis depressing, it is probable that these effects are not due to action on the vessels.—Brunton.

The poison of rhus tox. is found in the wood long after the plant is dead, and even in the smoke when burning.—McKee.

that routine treatment. Practically all of my cases get it "good and proper," and the only fault that I can find is that in many cases I do not have to do much more to the patient, as they are usually so much better after my treatment along this line that they do not need my services any more. I find that many of the profession do not yet understand that *every remedy for the relief of acute conditions will work much more satisfactorily after this treatment than before.*

I use the alkaloids in every case that I can, and there are very few cases in which I cannot find indications for them. The fact is, that nearly all of the so-called diseases which we encounter now are mixed infections, and not such "clean-cut" cases as the text-books would have us think we would find. I think this thorough cleaning-out treatment is particularly efficient and abortive in very many of them—pneumonia and typhoid as well. In fact, I have become more accustomed to treating symptoms now, and in such treatment what is better than pure alkaloidal therapy?

CHAS. E. BUCK.

Boston, Mass.

#### LIFE INSURANCE FEES.

At a meeting of the Lake County Medical Society at Leadville, Colorado, resolutions were recently adopted committing the members of the society to a policy of refusing to make insurance examinations for the old-line companies for less than \$5. It is proposed to make this policy binding upon the members of the association by suspending from membership any member who shall violate this rule.

Senility is a morbid process consecutive to degeneration of thyroid and other glands maintaining trophic phenomena.—Lorand.

This is a move in the right direction. The proposition of those past masters of high finance, the insurance magnates, to cut down expenses at the expense of the doctor, should receive a solar plexus blow from every doctor in the country. If every society would take action like this the problem would promptly be solved.

#### . CAULOPHYLLIN.

Caulophyllin is a concentration made from *Caulophyllum thalictroides*, or blue cohosh. It is a moderate, stimulating and relaxing nervine, also possessing antispasmodic, tonic, alterative, diuretic, emmenagogue, parturifacient, anthelmintic properties. It has been used in chronic rheumatism, dropsy, sore-throat, cramps, hiccough, epilepsy, metritis, dysmenorrhea, amenorrhea, uterine irritation, pains, spasmodic afterpains, colic, cholera morbus, ague and in uterine ills, generally with good results.

Caulophyllin very much resembles macrotin, a concentration made from macrotys or *Cimicifuga racemosa*, the black cohosh. Caulophyllin is more adapted to chronic forms of disease, while macrotin is better for acute forms especially in cases of rheumatism. Caulophyllin is useful in rheumatism of small joints with uterine complaints while macrotin is useful in rheumatism in the fleshy part of muscles.

Both caulophyllin and macrotin act favorably in many diseases of the female generative organs and both have been used with good results to prepare women for easy labor and in cases of confinement. Caulophyllin is not as generally known as macrotin, probably because

The investigation of ovaries and thyroids by the mouth appears the best means of combating senility, especially myxedematous.

it does not have as wide a range of usefulness, but in my opinion its action on the female organs is more important than macrotin. I have used caulophyllin in several cases of confinement and find it will increase true labor pains and bring on labor and in false pains or threatened miscarriage it will soon relieve.

Caulophyllin like phoradendron flevescens produces intermittent uterine contractions, while macrotin like ergot produces tonic contractions.

In atonic conditions during confinement I combine caulophyllin with Myrica cerifera (bayberry) and if the pulse is weak add capsicin. In cases in which the parts do not seem to relax as fast as they should I combine it with lobelin. If I were limited to four drugs in obstetric practice it would be caulophyllin, lobelin, capsicin and Myrica cerifera and if I should name the fifth drug it would be Thompson's composition, as it is the most important after confinement.

Caulophyllin should be in every physician's medicine case as it is the most reliable remedy to control false pains or to increase true labor pains or prepare a woman for an easy labor.

JOHN ALBERT BURNETT.

Cecil, Arkansas.

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**SEVERAL THINGS: CAULOPHYLLIN;  
GREEN APOMORPHINE; CALX  
IODATA.**

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For several weeks it has been my intention to try my hand at a little experience meeting talk; but, yes I am almost afraid to assign a reason for not doing so, after reading your remarks about the fellow who did not have time to read and who eventually found him-

self lost in the fog—or words to that effect. But you, as well as the many readers of the old CLINIC, have, no doubt, long ago realized that I am as independent as that famous "hog on ice;" a firm adherent to the principle of equal rights to all and special privileges to none, and a fair, square deal to all.

With these few preliminary remarks, if they ever get beyond the waste box, I will render my excuse for not writing before, and it is because I did not have time, but I have had time to read and work; and this, after being out all night trying to alleviate the sufferings of a fellow creature, has led me, this morning, to try to give my fellow workers a helping hand, as many of them have helped me over some rough places heretofore.

Within the last fortnight I have read in the *World*, the *J. A. M. A.* and the *CLINIC*, minute descriptions of where infants had swallowed foreign substances, particularly safety pins, which, strange to say, passed throughout the meanderings of the intestinal canal, in from three to seven days; the strangest thing of all being that these substances appeared at the anal orifice, unclashed, or in other words open, and were extracted without injury to the infant.

I wish to add another: Fourteen years ago, in my own family, my wife in making the toilet of our baby boy, at that time six months old, missed a safety pin, one of the ordinary kind, 1 1-2 inches long. She thought little of the matter, thinking that one of the other children had carried it away or otherwise misplaced it; that afternoon the babe was cross and fretful, continued so throughout the night, and the next day

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Those who wish to live long should commence treatment by organotherapy between 42 and 50.—Lorand.

A large percentage of the toxin infections, so prevalent of late, are directly due to cold storage poultry, undrawn.—*Med. Age.*

in the afternoon become so much so that nothing would pacify it; toward the time of the evening meal, my wife handed the babe to our little daughter to care for for a short time, while she might attend to other duties; no sooner than the change was made the babe began to scream and act as if it were going into spasms.

My wife jocularly said to the little girl, "You have pinched the baby to make it cry."

But she said, "No! No! Mamma, I did not; take the baby quick I believe it is going to die."

The mother took the babe, unfastened all the clothing, looking for an offending pin. Taking off the diaper and examining closely, she espied the hinge end of a safety-pin protruding through the anal orifice of the infant. She took a pair of small tweezers and extracted it, the pin coming away unclasped or open.

The babe surely swallowed that pin at the time it was missed, and it must have been open; but how an infant of that age could perform such an act, has always been a mystery to me.

Some months ago I had occasion to report some, to me, interesting cases of obstetrics, through the medium of the CLINIC, one of the numbers being a Mrs. R., who came near death's door, from postpartum hemorrhage, at the time of my attendance, and was only saved by the most heroic treatment. This had been her condition on two previous occasions and under other attendance. I at this time was not apprised of the fact. At a subsequent visit, and in the presence of her mother, I stated to her that if she ever became pregnant again, which I thought under the circumstances was quite possible and probable, that if

she could consult me that she would escape such an experience at her next confinement.

She smiled and said, "Doctor, I am done." Then I smiled and remarked, "*Clonas wake*," which means in our native tongue, "Maybe so."

All went well for several months, during which time Mrs. R. had been engaged at several avocations suited to her sex, the last of which was teaching in the primary department of our public school. A few days after the close of the term of school, she came into the office and said: "Doctor, mother wrote and said for me to come and see you about getting some of that medicine which you told us about the time I was sick. I didn't want to but she made me."

Of course I was surprised, and said, "What in the round world was it?" She looked kind-a-sour and said, "You know." Then I took in the situation and said, "Oh! yes, yes, I do remember, but I thought you told me that you had quit." "So I did," she said, "but it appears that I have begun again."

I propounded the usual catechism and ascertained the fact that she was 6 1-2 months *enciente*, and informed her that I thought I could steer her through all right.

Here I was up against it, for the treatment which I had intended to use had vanished from my memory like a summer cloud. I had seen it highly vaunted by some of the fraternity in the CLINIC and had decided to give it a trial on the first opportunity that offered, and here it was. I told her to call again in two weeks, as that would give ample time to begin the treatment before her confinement but the main object

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Labor is shorn of its terrors by giving castor oil every alternate night for two weeks before the expected labor.

Cholera infantum: Hypos of strychnine form one of the most valuable remedies we possess in extreme collapse.—Bing.

was to give myself time to hunt out the treatment from the files of the CLINIC and I began the search immediately, and I searched diligently, at all spare moments, but find it I could not, although I knew it was there, so as a last resort I wrote the editors for the desired information and here is what they gave me: Caulophyllin, gr. 1-6; aletrin, gr. 1-6; hydrastinine hydrochloride, gr 1-12. Take one each, three times daily, beginning four to six weeks before expected confinement.

As the lady overran her expectancy ten days, I got in a full four weeks, treatment. At this time she was residing about four miles out in the country. On Oct. 13th, at 2 o'clock a. m., a runner came for me, stating that she had begun to have pains about midnight. I arrived at the place at about 3 o'clock a. m., and found the lady in the second stage of labor, vertex presentation, and everything progressing nicely; but she was calling loudly for chloroform. She had always had it in her previous confinements, and I thought it quite possible that that was the reason she had always had such serious hemorrhages, so I kept putting her off by one excuse and another until the entire cranium had passed the external outlet, then I told her it was too late.

The next contraction expelled the entire body, which turned out to be a 9-pound girl. It was detached hastily and handed to the nurse, as we fully expected a battle royal as on previous occasions, but you can imagine my pleasant disappointment when I placed my hand on the abdomen and found the womb firmly contracting. This kept up for some time and at the end of an hour

I removed the entire placenta and membranes and there was not more than one-half pint of blood following. She was up in two weeks and feeling good, a thing which she was never her fortune before, it taking from four to six weeks for her to gain her former strength after her former trials. Of course this case proves nothing, as I am in doubt as to the happy results. Was it the treatment or the withholding of chloroform?

Green apomorphine, will be included in the next paragraph. I first noticed mention being made of this drug, something like four years ago, being used to produce emesis in cases wherein the patient could not be induced to take an emetic or where there was an obstruction. Like many other things that I read I doubted that apomorphine would produce emesis, and resolved to try it the first opportunity offering.

I did not have long to wait, as a few days after, just as I had finished my noon-day meal, a man came running to my residence, and said "Hurry up to the hotel, father is choking to death on a piece of meat." We made the trip across two blocks in "two-forty" time, found an old man 82 years old, black in the face, stretched out on the bed where they had placed him. I soon discovered that the instrument, which I had brought, was too short to reach the obstruction and extract by the mouth; the next best one was not equal to the emergency, being a urethral sound, all I had at hand, with which I made an unsuccessful attempt to push the obstruction in to the stomach; but the instrument being smooth, I could get no hold and was about to give is up as a bad job when I bethought me of apomorphine.

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Halsted of Syracuse has raised a storm by a paper on medical graft published in the N. Y. Tribune.

Nature's laws are immutable and their violation brings with it more certain punishment than with human law.



No sooner thought than done, I had some old solution in my case and it was *green*, and I filled up my hypo, with what I guessed to be about 1-10 grain. I shot it into the region over the stomach and then sat down and waited for results; but none came, so I repeated the dose and waited. The old man straightened out, and said I to myself, "The man is going to die." He lay there a few minutes and gave one big gulp, looked up to me and said, "By gosh, Doc, I've got it down," and by gosh he had, and those two doses did not make him the least bit sick, but that or something else made him sweat like the dickens for some time after.

But this past summer I had another experience, but in another direction, in which I used the same treatment and did get results, judging from the amount of dejecta which the slop-bowl contained, after the ordeal was over.

Early in the morning of Oct. 2, 1905, a runner came to my office—on the dead-run, saying, "Come quick, Miss— has taken poison—strychnine." I asked him how long since. He answered, "About two hours." I said, "H—ll! there is no use for me to go, she will be dead before we can get back." But he insisted that I should go. Then I inquired if she had had any spasms, to which he answered, "No, not when I left," so I concluded to make the effort to reach her.

I gathered up my accoutrements and jumped into the vehicle and told him to let her fly, and he did. After we had flown a couple of miles and we were on a gentle down-hill grade I thought that we might increase the speed somewhat, so I said, "Give them the full speed, Mr.

— will not care for the life of a horse or two." The driver remarked, "They are mine."

I said, "let her go anyhow, he will pay you for them, if injured, and if he don't I will."

Ye Gods, how the dirt did fly; we covered the eight miles in thirty minutes. The soil was just a little moist, and you can imagine how we looked on arrival. I shook off the worst and dashed into the house.

I found very little commotion; the mother being cool and collected, had, as soon as discovered, which I learned was about ten minutes after the taking, forced great quantities of thick cream and melted lard to be swallowed.

I found the mother and daughter, a maid of fifteen summers, sitting on the edge of a couch; the young girl, big, buxom, and fine looking, was evidently feeling quite sorry for having committed the rash act. Her fingers and muscles about the eyes had begun to twitch quite perceptibly, and she was willing to take any kind of treatment. I thought that an emetic by the usual route would be too slow, and I had no pump, so I had some thought-to-be-fresh apomorphine, in granule form. I dissolved ten granules in a hypodermic of hot water, and it looked so infernal green that I threw it out, being afraid to use it. But having no other, I repeated the solution with the same result.

As I could not afford to lose much more time, I pumped it into the biceps and told her to make ready for action.

The mother placed a basin at the side of the couch, and took the young lady's head in her hands, and waited not quite five minutes,—and "Ye Gods"

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In these days of elegant pharmaceuticals the compounding of prescriptions by physicians is becoming a lost art.—Graham.

Peyser recommends intracolonic faradism for habitual constipation, the negative pole passed through a soft rubber tube.—*Va. Med.*

what an eruption. Mount Pelee was not in it. It looked like two days' rations—watermelon, muskmelon, green apples, pears, plums, peaches, with various other things, together with the cream and lard taken into the stomach. She remained sick about fifteen minutes, then dropped off to sleep. I remained for a couple of hours to be sure that there was to be no more action of the poison, gave her a good round physic and returned home. I was unable to ascertain just the amount she had taken. She showed me on the point of a knife about the quantity, and I judged it to be about a grain or possibly more. Just why she did not die I am at a loss to know, unless it was that the large amount of food in the stomach previously, and the great quantity of cream and lard following, so surrounded the poison as to prevent its absorption. I have not met her since, but I understand that she does not wish any more of that kind of experience, and I am very sure that apomorphine, green as it was, certainly had the desired effect.

A few remarks in regard to the use of calcium iodized and I am done for this time, maybe forever. It has been about five years since I first began to use this remedy, in false and true croup and kindred ailments, and my first experience was a little unique, but entirely successful. Of this I have made mention once before; but a good story is never spoiled by being twice told.

I was called out twenty miles from the office, and was unavoidably detained. During my absence a man came for a distance of twelve miles across the mountain to have me visit his child who, he telephoned me, was dying with the

croup, which it had had for three days. It was impossible for me to return to the office for at least twenty-four hours, so I telephoned the merchant, who was an intelligent sort of a fellow, and told him to go to my office, get some brown tablets, from a bottle marked "calcium iodized," two dozen, and when he got home, give the babe a good physic and without waiting for it to act, to begin giving the tablets, one every ten to fifteen minutes, dissolved in warm water, and to report in twenty-four hours if it was not dead or better. That is the last I hear from the case for a week; when I did hear it was better—yes, well.

About two years ago I was called out in the night, some three miles in the country, to see a man forty-five years old, who had as clear a case of spasmodic croup as I ever saw. I gave him a rousing dose of calomel and at once began to pour calcium iodized into him in two-grain doses every ten minutes. After four doses he began to improve and inside the hour he was feeling fine. I then left him and the next morning he reported able for duty. I am getting so lazy now that when any one comes in to get me to go and see a croupy child that I try to beg off, and send treatment with directions how to take, and say if they do not get better, I will come—and I have never yet had to go.

Z. T. DODSON.

Cleveland, Wash.

#### CURIOUS CLINICAL CONTRIBUTION.

I have a case which puzzles me greatly. I do not know just what treatment to

Numerous cases of keloids, lupus, carcinoma and sarcoma have been apparently cured by accidental attacks of erysipelas—McGuire.

Why stand idly by until the disease is fully developed? Associate remedies with the symptoms as they appear.—Dunn

give. I will send you the patient's letter which explains the case better than I can. If you wish, you may publish it so that the CLINIC brethren can help me out.

J. L. S.

—, Illinois.

Jan. 3, 1905.

"EXHIBIT NO. 1."

DEAR DOCTOR:—I will let you know that I am sick. I am sick in the trunk and it gives me pain and I make too much water and I make one qt. more or less of urin and I have lots of gas and pain in the stomach goes and come back and when the gas come up it tastes stron. and it sometimes buzzle in my head and ear. and my tongue is white and I want always drink and my tongue seem to be dry and I am consipated and I am nervis. and if you can send any medicine by mail and it will do just the same and if it is better to come—come. and I am not very sick. I run around the house and I can't bend myself at all to pick up something on the floor and I am always tired.

Yours truly,

and if you come it is the last house by the track right in front of the sumantory. a yellow house. In the same street as Mr. — live on the west side of the track. and it makes two years that I got a sore side on the left side.

and send me the bill and I'll pay it by mail if you send some medicine.

—: o:—

DEAR DOCTOR:—Your favor received and contents noted. Now, Doctor, we could not possibly attempt to make a diagnosis from the remarkable account of her condition given by the patient. This might be anything from hysteria to cystitis. If you do not particularly require the patient's letter we should like to keep it as an "exhibit." Before we got through reading it we were not sure

whether "the cemetery was in *her* side" or "*she* had a pain in the yellow house on the other side of the track," or that "Mr. — has a pain which caused *her* to have gas in the stomach in the cemetery on the other side of the street!" It certainly is a *peculiar* case!—Ed.

DEAR EDITOR:—Your letter received. You may keep the letter for exhibit. To let you know how the patient is getting along I send another letter received from her after she had taken the proper granules. This letter you may also keep for "exhibit." I would ask that they be marked, "Exhibit No. 1: before taking granules;" and "Exhibit No. 2: after taking granules." You will notice by looking over Exhibit No. 2 that the patient has gained strength rapidly and can now "throw the white horse over the fence some hay." Hoping this finds you the same, I am,

Yours truly,

J. L. S.

"EXHIBIT NO. 2."

Dr. I will let you know that I am better. and today have not so many pains and I am better of my trunk and I got only the right kidney that it hurt me not often and I felt it more than usual. and it weights in my trunk and it use to hurt me nearly all day and it makes me three days that it don't hurt me very much and my body move once a day, and sometimes I have to take one or two to make my body move. and I vomat sometimes some day once or twice and every day and sometimes it is strong. when I throw to the white horse hay over.

Yours truly,

And will I have to take all the pill to move my body if I come well?

—: o:—

Dr. J. L. S.—We are in receipt of

By the use of chionanthus I believe the bile is liquefied, which prevents the formation of calculi.—Dunn, *St. L. Clinique*.

It is a hard matter for some physicians to get down to the small dose. It was with me but I am there.—Dunn, *St. L. Clinique*.

your recent favor containing "Exhibit No. 2." If you give this patient many more granules we shall have a sudden elevation of the physical body into space despite the weight of the kidney. Like Mohammed, she may "go up on the white horse." It is certainly remarkable what peculiar symptoms some patients present; but then, Doctor, *some* of the treatment is almost equal to the symptoms. Is it not so?—Ed.

### ON THE RIGHT TRACK.

The AMERICAN JOURNAL OF CLINICAL MEDICINE for April has just reached me. I have read the first and second articles and I desire to say that although I have never used three alkaloids in all of my years of practice, in my opinion you are doing much for the advance of scientific, optimistic medicine, which will eventually succeed in driving pessimism into the darkness of doubt and uncertainty whence it comes. You are on the right track—on the highway that leads to success. To my mind much that you advocate savors of empiricism, yet I see through this, at the bottom, science bubbling up. It all hinges on the influence of the various means and medicinal agents upon the motor nerves, dilators and constrictors. Your work is leading to investigation as nothing heretofore ever has. Let us hope that ultimately it will unify the medical world, when there will be no longer sects in medicine. Some have stumbled on truth, others have searched for and found it, all desire it, and yet many are still in the dark.

C. B.

—, Oklahoma.

This warms the cockles of my heart. It comes to me on a morning when, as is so often the case, I have been at my desk hard at work since before four o'clock, trying to compass the herculean task before me, from which fact you can readily imagine how your words of appreciation help me to bear the burden and encourage me to even greater endeavor. Few men have ever striven as I have striven against preconceived ideas, prejudice and bigotry, and few have really succeeded as we are succeeding.

Fortunately, during the past several years, I have been ably supported by Dr. Waugh, my immediate associate, together with many carefully selected assistants, all of whom are fully imbued with the spirit of enthusiasm characterizing our efforts—an enthusiasm and optimism based upon absolute belief in the truth of our propaganda. And then the growing response from the field! 'Tis greatly helpful and will soon lift the burden and push a way to the victory that is sure to come.

I am glad you like CLINICAL MEDICINE. I hope it will be a source of help and inspiration to you every month. I know you will like the active principles in your practice and shall be glad to learn, at your convenience, that you are using them.

One watching the medical press, as we are watching it, cannot but appreciate the fact that the whole tenor of therapeutic thought, as expressed therein, is changing rapidly to a more definite and accurate basis. This is as it should be. There's nothing too good for the doctor. Let the profession, as a whole, once realize the importance of and the possibility of a really exact therapy and

Sometimes heroic treatment is imperative, but we should tread those paths with extreme caution.—D. W. Dunn, *St. L. Clinique*.

If the American Liver were put on trial before a jury it would be convicted on the first ballot.—Billy Burgundy.

they will demand dependable remedies and be content with nothing else.—Ed.

### THE TREATMENT OF SUMMER DIARRHEA.

In the discussion of a paper read by Dr. S. J. Harris at the last meeting of the Kentucky State Medical Association and published in the *Kentucky Medical Journal*, Dr. R. D. Pratt, of Shelbyville, made the following most pertinent remarks:

It seems to me that there are fewer cases of summer diarrhea now than there were years ago. The mothers are beginning to learn that when the baby gets its teeth, it should not be fed on potatoes and bread, and that as soon as it is able to sit up alone it must not occupy a place at the table with the rest of the family and eat what they eat. Of course, an ounce of prevention is worth a pound of cure in these cases. It is the physician's duty to teach his patients that they must be very careful with the diet of the baby.

The treatment of acute infantile diarrhea necessarily devolves into the dietetic and the medicinal. I must take issue with the essayist when he says that he has very little faith in the medicinal treatment of infantile diarrhea. I do not believe in a multiplicity of drugs, but I do have a great deal of faith in a few drugs. Calomel and rhubarb serve a most useful purpose in getting rid of the offending material in the bowel. Gastric lavage is also useful. Keep the bowels clean by colon irrigations, once or twice a day, and if there is persistent vomiting, then institute gastric lavage. Of the drugs used to control diarrhea, bismuth, or some of its preparations, easily stands at the head. Next to bismuth I would recommend an astringent, such as the sulphocarbolates, either the zinc or the sodium salt. I have found them very useful. One thing to remem-

ber in this connection is that when you give sulphocarbolates you can test the efficacy of the antiseptic by the coincident administration of the bismuth salts, giving them in large doses, twenty to forty grains a day. As soon as you get rid of the black color of the stools, showing that hydrogen sulphide has ceased to form, you know that the bowels are in a fairly antiseptic condition and that the sulphocarbolates are accomplishing what you desire. Guaiacol carbonate is another useful remedy in these cases. Theoretically, alphazone and acetozone ought to be as useful in infantile diarrhea as they are in typhoid.

As to opium, it should never be given in a "gunshot" prescription, but always with a clear idea as to what it is to be used for. In the severe diarrheas the treatment instituted by Dr. Larrabee, the hypodermic injection of morphine and atropine, was a most excellent one. But opium should always be given alone, never in combination with any other drug. When given alone you can watch what it is doing.

This able endorsement of the teachings of the CLINIC is immensely gratifying—is appreciated indeed. The heaven is working. Truth will not down. What can be accomplished in the treatment of summer diarrhea we hope to show next month.

### WHY WE ARE POOR. THE REMEDY.

Within the past year we came out with a vigorous protest against the habit many members of our profession had formed of saying nasty things about the practice of medicine. We pointed to the fact that all these pessimistic sayings were treasured by the enemies of our profession and employed by them to lower the regular profession in the estimation of the public and contrast their own claims with our

Detre and Sellet find animals injected with lecithin become immune towards mercuric chloride.—*St. L. Clinique*.

The reason manufacturers adulterate their food products is that it enables them to make fabulous profits.—Whalen.

asserted impotence. How is the public to know that these remarks are simply smart sayings, whose authors do not really expect to be taken at their literal word; are evidences of the ignorance of specialists who think they know general therapeutics but are mistaken?

Straight to the point comes the *Medical Council* for January, with the following quotation from the *Journal of Osteopathy*:

"OSLERISMS."

Typhoid Fever—"The profession was long in learning that typhoid fever is not a disease to be treated mainly with drugs. \* \* In hospital practice medicines are not often needed. A great majority of my cases do not receive a dose."

Scarlet Fever—"Ordinary cases do not require any medicine. . . . Medicinal antipyretics (fever mixtures) are not of much service in comparison with cold water. \* \* \* Many specifics have been vaunted in scarlet fever, but they are all useless."

Measles—"Confinement to bed in a well-ventilated room and a light diet are the only measures necessary in cases of uncomplicated measles."

Whooping-Cough—"The medicinal treatment for whooping-cough is most unsatisfactory."

Cerebrospinal Meningitis—"The high rate of mortality which has existed in most epidemics indicates the futility of the various therapeutical agents, which have been recommended."

Lobar Pneumonia—"Pneumonia is a self-limited disease which can neither be aborted nor cut short by any known means at our command. Even under the most unfavorable circumstances it may terminate abruptly and naturally, without a dose of medicine having been administered.\* \* \* There is no specific treatment for pneumonia. The young

practitioner may bear in mind that patients are more often damaged than helped by the promiscuous drugging which is still only too prevalent."

Diphtheria—"Medicines given internally are of very little avail in the disease. We are still without drugs which can directly counteract the toxalbumins (poisonous products) of this disease."

Erysipelas—"The disease is self-limited, and a large majority of the cases get well without any internal medication. I can speak definitely on this point, having at the Philadelphia Hospital treated many cases in this way."

Rheumatic Fever—"Medicines have little or no control over the duration or course of the disease. Salicyl compounds, which were regarded so long as a specific, are now known to act chiefly by relieving pain. R. P. Howard's elaborate analysis shows that they do not influence the duration of the disease. Nor do they prevent the occurrence of cardiac complications, while under their use relapses are considerably more frequent than in any other method of treatment."

Yellow Fever—"Bleeding has long since been abandoned. Neither emetics nor purgatives are now employed. The fever is best treated by hydrotherapy (water). We have no drug which can be depended upon to check the hemorrhages."

Tuberculosis—"The cure of tuberculosis is a question of nutrition; digestion and assimilation control the situation. \* \* \* No medical agents have any special action upon tuberculous processes."

Chronic Rheumatism—"Internal remedies are of little service."

Diabetes (Mellitus).—"Medical treatment: this is most unsatisfactory, and no one drug appears to have a direct curative influence."

Appendicitis—"There is no medical treatment of appendicitis. There are remedies which will allay the pain, but there are none capable in any way of controlling the course of the disease."

We do not cure more patients because we do not know what has caused the departure from normal.—Jeffers, *Med. Era*.

Urine exam. test detects liver, kidney and other affections in their early and curable stages.—Borland, *Med. Era*.

The Cirrhoses of the Liver.—“So far as we have any knowledge, no remedies at our disposal can alter or remove the cicatricial connective tissue which constitutes the *materia peccans* in ordinary cirrhoses.”

Chronic Bronchitis.—“Cure is seldom effected by medicinal remedies.”

Chronic Interstitial Pneumonia.—“\* \* \* Nothing can be done for the condition itself.”

Exophthalmic Goiter.—“Medicinal measures are notoriously uncertain.”

Paralysis.—“The disease is incurable. I have never seen the slightest benefit from drugs or electricity. Probably the most useful means is systematic massage, particularly in the spastic cases.” This latter statement is very significant. If “massage” can do much for paralysis, we believe and know that Osteopathy can do infinitely more.

Spinal Meningitis.—“There are no remedies which in any way control the course of acute meningitis.”

Sciatica.—“Antipyrin, antefebrian and quinine are of doubtful benefit. Electricity is an uncertain remedy.” Osler states further that better results are obtained when electricity is combined with massage.

Sick Headache—Migraine.—“It must be confessed that in a very large proportion of the cases the headaches recur in spite of all we can do.” This is a frank confession from a man who is looked upon by the medical profession as authority. We know that Osteopathy has cured sick headache. Reasoning from this fact, we believe it can be done again.

Neurasthenia.—“Treatment by drugs should be avoided as much as possible. \* \* \* The family physician is often responsible for the development of a drug habit. I have been repeatedly shocked by the loose, careless way in which physicians inject morphia for a simple headache or a mild neuralgia.”

Pericarditis.—“The patient should have absolute quiet, mentally and bodily, so

as to reduce to a minimum the heart's action. Drugs given for this purpose, such as aconite or digitalis, are of doubtful utility.”

Endocarditis.—“We know no measures by which in rheumatism, chorea, or the eruptive fevers, the onset of endocarditis can be prevented.”

Valvular Heart Disease (Stage of Compensation).—“Medicinal treatment at this period is not necessary, and is often hurtful. A very common error is to administer cardiac drugs, such as digitalis, on the discovery of a murmur of hypertrophy.”

Acute Bright's Disease.—“No remedies, as far as known, control directly the changes which are going on in the kidneys.”

We can not very well blame the osteopath; in this instance Osler meant exactly what he said. He has furnished our enemies with more powder with which to blow us up than any man living. Strong in his conviction that his own knowledge comprised that of the whole profession, he has given no credit to the good men who have been working in the clinical field, and has unwittingly played the part of the bird that defiles its own nest. Not that he ever meant to do so—nothing could have been farther from his intentions than to favor the irregular and deal a blow at the profession that has so highly honored him. But unfortunately Dame Nature does not give us credit for intentions but for what we do. The world's application of Osler's sayings may not have been what he intended, but for the results of these sayings he is as responsible as if they were intended by him. The plea of “didn't know it was loaded,” does not go nowadays.

We are not exaggerating. The influence of these things goes far beyond our

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In thirty years' practice in malarial regions I have seen many instances where infection could only be traced to the water.—Buck.

Pneumonia: If you are bound to use a heavy poultice apply it to the back and sides; I prefer lobelia powder.—Nash, *Med. Era*.

suppositions. Foraker is a devout adherent of osteopathy. Many eminent men follow that and kindred delusions. Judges, Governors, Senators, Legislators without end accept as literally true these Oslerisms, and when bills affecting us or our rivals appear we see the consequences.

Brakes are useful on the wagon—but no brake ever moved it an inch. No wagon ever earned a copper standing still in a bog. Because the brakes once saved us from running down hill to destruction is no reason for our unhitching the team and sitting for the rest of our lives in the wagon silently worshipping the brakes. Good as is the brake, the hold back, better by far is the head-long career that at least carries us on, if we have to choose but one of them. But we don't. We appreciate at its full value the brake—but we rely on the team that pulls, the engine that boosts, and the automobile, the very embodiment of action itself.

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#### WE ALWAYS DID LIKE THIS STORY.

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Diogenes, lantern in hand, entered the village drug store.

"Say, have you anything that will cure a cold?" he asked.

"No sir; I have not," answered the pill compiler.

"Give me your hand!" exclaimed Diogenes, dropping his lantern. "I have at last found an honest man!" (Source unknown.)—*J. A. M. A.*

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#### ZINC CYANIDE.

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Hydrocyanic acid is one of the most powerful remedies known, acting with even greater rapidity than the nitrites.

A N. Y. physician fell sick, three others saw him, each made different diagnosis, autopsy proved all correct.—Doane, *Med. Era.*

We have tried to obtain its valuable effects from hydrocyanic acid, dilute, and found it inert; from potassium cyanide, oil of bitter almonds, noyau, peach leaf and wild cherry bark teas, but all these proved active, variable in strength and prone to decomposition. In our own practice we have found zinc cyanide uniformly active and unchangeable. No physician should employ so potent a drug unless he can obtain it in such a form. In phthisis especially this agent is of inestimable value, soothing cough, checking fever, sweating, and the abnormally rapid metabolism, and restoring appetite and digestive capacity.

The value of a remedy so soothing to the gastric and respiratory terminals of the pneumogastric nerve, whose effect is so quickly manifested, without ulterior disturbances of digestion, must be manifest to every reader. It is best to give zinc cyanide in solution. The dose may be repeated quite frequently, every half hour if necessary, the pulse being carefully watched, as the effects are apt to be manifested quickly.

If we find that scarcely any two successive patients demand exactly the same prescription consisting of two ingredients, how much less is it probable to find a considerable number, each requiring a "shotgun" prescription of five or six substances, of widely different action, agreeing only in the one property of producing unconsciousness.—*J. A. M. A.*

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#### A DRUGGIST'S OPINION OF PATENT MEDICINES.

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A well known and highly respected druggist doing a large business in the south part of Minneapolis, puts the fol-

In New York city alone there are against 6000 regular practitioners 20,000 quacks. Quackery is grounded on effective causes.—Sicher.



lowing "sticker" on every package sent out from his store:

"It is always wise to consult your family physician. Avoid patent medicines and fakers.

"40 YEARS' EXPERIENCE."

That is manly and courageous, and as there is no "patent" on the "sticker," we commend it to all druggists seeking the patronage of physicians and the respect of the public and of themselves.—*J. A. M. A.*

#### GLONIN IN DYSMENORRHEA.

A lady, thirty-two years of age, has had very painful menstruation since eighteen years of age. She has had the best doctors treat her. She has had the cervix dilated, electricity used for months at a time, massage, osteopathy, and all kinds of medicine. In fact, I have been treating her for about one year. The cervix will admit a sound readily, and did the first time I saw her. A little tenderness about a week before the menses in the ovaries, uterus three inches long. She is very nervous and emaciated, also anemic; in fact, she is a physical wreck. The pain does not appear until the flow has been established two days. The beginning of the third day the flow ceases and the pain begins, and I never saw a woman in labor suffer as much.

At these times she is bathed in a cold, clammy perspiration, very pale, respiration, twelve to fourteen per minute, pupils dilated. Usually a convulsion will result. As soon as the flow is reestablished the pain disappears. The blood is never clotted. I have put her in hot packs, and tried everything, even glo-

noin, but with no results. The pain usually continues from six to ten hours, but the last attack I used glonoin granules, and the result was marvelous. I gave one every ten minutes. The second granule caused the color to appear in the face, and at this stage the pain commenced to diminish, and in thirty minutes the flow was started, the body warm; perspiration ceased after the second granule.

E. S. W.

—, Michigan.

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We take pleasure in giving your report of the case treated with glonoin to the "family." Try in such instances cannabin and glonoin, doctor: or give one or two doses of glonoin and then follow with cannabin and atropine. You will be well pleased—as will the patient.—Ed.

#### ABORTIVE TREATMENT OF TYPHOID FEVER.

In cases of this disease, the physician is usually called on the third to the fifth day of the disease. That being the case, in a person of the usual status, say of about 150 pounds, the following procedure has been found all that could be asked, in such cases:

The bowels being the main point of attack require the first attention. We therefore give 1-5 grain of calomel with ipecac and soda every two hours until the stools show the action of the drug. Between each dose we give alternately every two hours 10 grains of hexamethylene tetramine, in large quantities of water. As soon as the stools show the action of the hepatic alterative it is dis-

Quackery is a well-defined phenomenon. At the very bottom lies the insufficiency of orthodox medicine.—*Sicher, Texas M. J.*

Factory life has its immense advantages as well as its drawbacks; but must be considered on the whole a boom.—*St. L. Med. Rev.*

continued, substituting then, if the pulse indicate that a stimulant is required, 1-100 grain of strychnine in its place. The hexamethylene is continued in full doses, until the temperature and pulse drop to normal, when it is reduced to 5 grains every two hours.

As the patient's tongue becomes clear, a plain tonic is substituted for the strychnine, without danger of a return of the disease, as the hexamethylene is gradually reduced by lengthening the time of doses, when after three to four days absence of fever, it can be safely eliminated.

The patient will go on to complete recovery, without danger of relapse, as the medicine is not fully excreted for several days, after suspending its use.

CASE I. Mrs. S., age 26, of normal condition of health, but acting as nurse in her sister's family, with seven cases of the disease, two of which died. She was taken with the disease and transported seventeen miles on a bed with her daughter in an unconscious condition, with the disease, at her side.

At 8 p. m. she was found with a temperature of 104° F., pulse 115, with marked bowel disturbance, stools being very offensive, passing every two to three hours. Some tympanites, with much tenderness of the bowels.

She was given 1-5 grain calomel with ipecac and soda every two hours, with 10 grains of hexamethylene-tetramine, alternate hours, with free bathing. At 7:30 a. m. she again was seen, when pulse was 100, temperature 99 1-2° F., stools of bilious character, without odor; tympanites and tenderness mostly absent. At 5 p. m. she was found with tempera-

ture and pulse normal, tongue nearly clear, with a desire for food.

Hexamethylene was ordered, gr. 10 every six hours, with a teaspoonful of calisaya bark, iron and strychnine between.

Case discharged on the fourth day.

CASE II. Miss S., age two and one-half years, daughter of case one, had been confined to bed for a week; had been having involuntary passages for three days, with low muttering delirium. Bowels very tympanitic, tender, with a fecal passage every one-half hour, with great pain. Temperature 105° F. in the axilla, pulse 145 and irregular.

She was ordered one teaspoonful of a solution of hexamethylene-tetramine of one grain to the teaspoonful; one teaspoonful every two hours. Turpentine over the bowels.

At 8 a. m. the temperature was 97 1-2° F. in the axilla, pulse 80, with a very cool skin. She was fully conscious, and tympanites was mainly controlled. Having left 30 grains in the solution, I inquired the amount taken; was informed by the good old grandma, that she had given it all, the last at 7 a. m., making 30 grains in eleven hours. I ordered a solution of strychnine in alcohol with quinine, quite dilute and heat to the body which was to be kept hot with water bottles. At 10 a. m. she was in good condition, without the good old lady being aware of the mistake she had made.

The case was discharged at the same time as the mother.

I could multiply cases in large numbers. These occurred in August, 1898.

H. C. HOWARD.

Champaign, Ill.

The St. Louis Chemical Society has petitioned Congress, urging the substitution of the metric system.—*St. L. Med. Review*.

Soles proposes to recognize toxic alkaloids by the changes their presence causes in the shape of sodium chloride crystals.

We may count Dr. Howard as one more who will require to be "shown" the uselessness of intestinal antiseptics in typhoid fever. Many men who appreciate the value of these agents fail to realize the necessity of first emptying the bowels before attempting to disinfect them. We recently saw a child of four years with typhoid fever, in the second week. The pulse was weak, temperature 104 plus, the abdomen distended and stools dark and offensive. She was taking quite large doses of zinc sulpho-carbolate, and yet was by no means in a satisfactory condition. The presence of typhoid bacilli in her blood had been demonstrated. She was then given two-thirds of a grain of calomel in divided doses, followed by saline laxative, producing copious evacuations. The temperature at once fell to 101° F, the distention and distress subsided, and we labored under the delusion that she at once reacted and within two days was convalescent. Also that prompt recovery followed, well within the classic period. Further, that the recovery was secured and hastened by the cleaning out and disinfection—and in these delusions we remain.—Ed.

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**MY FIGHT OVER SUSY P. A LEAF  
FROM A COUNTRY DOCTOR'S  
LOG BOOK.**

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Come back to the chickens, the dog and the pig,  
The harrow, the hoe, the rake, and the plow-  
ow,  
The drill, and the mower, the soft-cushioned  
rig,  
And a drink of fresh milk, from the old brindle  
cow-ow.

—Grade C. *Ancient Bucolic.*

There is nothing new nor nothing start-

ling in the following. Plenty of my readers, would, I have no doubt, put up a better battle than I did. But the whole case from start to finish, so vividly illustrates the hundred and one little setbacks that the average country medico has to contend with, that I could not resist the temptation to scribble about it.

To begin: In the first place, Susan was a mighty small patient to fight about. She's just one year old, and in full costume for the time-honored squared circle, weighs just eleven pounds avordupois. If you have an average hand look at your thumb nail, and you will have about the size of the palm of her hand. Well, my little lady starts a beautiful, plainly-to-be-diagnosed case of mucoid ileocolitis. Any other baby of ordinary size would have been contented with plain every-day summer complaint. (Any old kind of diarrhea is styled "summer complaint" with us. Of real cholera infantum I do not believe I have seen a case in three years; this goes to prove Illoway's heat theory as a cause of summer complaint correct.) But nothing every-day and common like that, went with Susan. No Sir'ee, she was going to have something that had nomenclature, to it. She wanted something that had a name, that weighed as much as she did.

Well, I was called about 9 o'clock of a pleasant September evening. The minute I got in sight of the place I knew I had been called as a mere polite preliminary to the undertaker. All the immediate neighborhood was there and they had sent over and got a few extras from the adjoining township. After exchanging a solemn howdy, with a dozen or so of gentlemen in the front yard, I was passed on into the house and turned

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Blood is injured by mercury, lead, copper, phosphorus, arsenic, potash, zinc, silver and iron, primarily and decidedly.—Petrof.

Shoemaker reports poisoning from 40 grains potas. permanganate, saved by emesis and stimulants.—*Med. Bulletin.*

loose among anywhere from seventeen to twenty matrons. My city brethren will deem this overdrawn; my country confrere will wonder why I am allowed space to mention such a matter of coarse detail as that. Surrounded by an anxious circle of the ladies I examined my little patient, lying on her mother's lap. Well, there was no denying the fact, she was an awfully sick baby; everything you put in her showed up *per os* or *anum*. Temperature 104.6° F. Stools blood-streaked and shreddy. To simplify things, if she'd been twenty years older—dysentery.

Next treatment. As is understood, of course, she had been catnipped and her uncle had brought her out from town, some real boughten blackberry wine. If ye editor don't know what that is, let him borrow a nickel and go down on Clark street and find out. He will know exactly how to get dysentery, if he can't cure it. First, I got rid of all my ladies but two, not that they were doing any harm, but I had a notion that I would need them, one or two at a time, later on. I told them I would guarantee my baby for the next four days (I had a good pulse) at least.

Now what follows will be really honest, truthful James. I didn't think I needed that much fever. Aconitine granules, three in twenty-four teaspoonfuls of water. First spoonful promptly returned; second ditto. Move two. Two granules anodyne (Waugh) in teaspoonful hot water. Retained. One more in ten minutes. That stayed too. Waited ten minutes more, then a spoonful of aconitine solution. Eureka! that stayed. Twenty minutes another; twenty minutes more, still another. Temperature

one hour after, 102 1-2° F. Waited one hour, then aconitine; teaspoonful once more. Ten minutes interval, then anodyne for infants (Waugh), two granules in teaspoonful of hot water. This brought my little patient a moist skin and a much needed rest. Directing a teaspoonful of the aconitine solution every two hours, followed in ten minutes by one anodyne granule, in case Emmie Susie should be awake (but not to wake her up for it) and promising to show up in the morning, I left. I felt pretty morally certain I would find in the morning a fever free, but very weak baby.

I should have stated above that I instructed the mother to discontinue the aconitine upon cessation of the fever. Note my first break was at what in my humble opinion was my first worst symptom, viz., the fever. I let everything else go until I could get rid of some of that inflammation. Upon my return at nine the next morning, my previous expectations were realized to a dot.

Now the next thing I wanted was just a little bit of sustenance before I started in on a calomel clean up to be followed in due course by zinc sulphocarbolate. What could I feed that would stay? Some gentlemen in the *Journal of the American Medical Association* recommended albumen water with ten drops spirit ammoniæ aromaticus. I tried this. It's right. Take a glass, break into it the white of one large fresh egg, add exactly twice as much distilled, cool water as you have egg, stir gently, then add your spiritus ammoniæ aromaticus. Make fresh for each feeding. I gave from one-half ounce to an ounce of this every two hours. Once in a while it came up, mostly it stayed.

Smith reports uremic coma relieved by glonoin, pilocarpine, exosmotic enemas, elaterin and diuretics.—*Med. Bulletin*.

Consumption is carrying away to an untimely grave in this country every year 110,000 victims.—Boice, *Med. Fortnightly*.

The dysenteric stools still persisted and I knew I would have to work fast. At 12 noon I started my calomel with aromatics, grain 1-10, one tablet every hour until ten had been taken. The fever raised some about 4 p. m., but not enough in my judgment to warrant me in using more aconitine. Just so my baby wasn't on fire I wanted to conserve every ounce of force. Keyes states that minute doses of mercurials have a tonic effect. Headland, "On the Action of Medicine," comes to practically the same conclusion. I am glad to be able to favor these gentlemen with the credit of my endorsement. They are right, but if you want that tonic effect keep your doses an hour apart. Ten p. m. finished up the grain of calomel; at 10:20 I put a hot iron to the baby's feet (to pull all the blood I could to where it would do the least harm). Gave two granules of anodyne for infants in hot water and at 11 went home, leaving my little patient with a moist skin and at peace with the world once more.

If I want the inestimable privilege of seeing this article in print I've got to cut it. I began my third day with zinc sulphocarbolate, gr. 1-6, every two hours till 4 p. m., then calomel, gr. 1-10, for five doses one hour apart. If baby was fretful and restless I used the anodyne granule. If she wasn't I didn't. I would like to use up space telling about our difficulties: How, just as Emmie Susie was convalescing, I found her one morning with a ham rind in one hand and a watermelon, about the size of an osage orange, and twice as green, in the other—but space forbids. Peace to me, I've seen those last three words before.

L. THOMPSON CLASON.

Urbana, Ohio. (R. F. D.)

The aim and end of all journalism is truth, and medical editors should always have this fact foremost in mind.—Norbury.

And the story ends, so we suppose, as it commenced, with "a drink of fresh milk from the old brindled cow"—Emmie Susie back on a milk diet once more, with now and then, for variety's sake, a little ballast in the way of green apples and half-grown watermelons. By the way, what tough "kids" and good doctors they have down in Ohio. But—only one of "our folks" could have pulled through a case like that, one equipped with aconitine, sulphocarbolates, the "clean out" idea and—brains! You certainly "did yourself proud," Doctor.—Ed.

#### HE SEES RESULTS EVERY DAY—AT LAST!

I see the results from the use of the alkaloids from day to day. It makes me feel that the best of my life has been lost in delving in the materia medica (and with me the disappointments have been many) and now I am sure it was due to unreliable medicine. I have for instance, never been satisfied with the action of digitalis, but digitalin fills the bill every time when indicated. I am convinced of this one fact; if physicians fail to benefit their patients with the alkaloids, it is because they have not made the correct diagnosis, and it is not the fault of the remedies. I feel so much the need of more knowledge in regard to them it seems that the days are not long enough to acquire it, and the means at my command are insufficient.

E. S. W.

—, Michigan.

—:o:—

We are pleased to know that you too are using the alkaloids with success.

In estivoautumnal fever the value of calomel, 20 to 40 grains, in overcoming hepatic torpor can not be denied.—Hare.

The reason you are now getting results is that you are thinking more, paying more attention to the patient and the underlying conditions. And giving positive remedies to meet the indications. We are now at work on an extensive "Practice" which will be ready for distribution shortly. At present the Digest, Shaller's Guide and Alkaloidal Therapeutics are the only works available. Waugh's Treatment of the Sick is not exclusively an alkaloidal work but gives the alkalometric and "regular" treatments for each disease. We are struck by the concise way you outline one of the most important facts we have to deal with, i. e., "if physicians fail to benefit their cases with the alkaloids it is because they have not made the correct diagnosis—not the fault of the medicines." This is absolutely correct and while we quite often incur the enmity of the man to whom we make this remark, he knows, nine times out of ten, that it is *true*—ED.

#### TRI-STATE SOCIETY MEETING.

In the April number of CLINICAL MEDICINE we printed a provisional program of the coming meeting of the Tri-State Medical Society meeting, which will be held in Galesburg, Ill., June 26 and 27. Remember the place and the date. We are glad to be able to submit the following splendid program, one which we believe is hard to beat. It should insure a large turn out from the three states of Iowa, Illinois and Missouri constituting its special field. And—let us whisper to you—we shall be glad to see our friends from other states. The program is as follows:

FIRST DAY, TUESDAY, JUNE 26.

Fallacies Regarding the Regulation of Prostitution, Dr. Alfred DeRoulet, Chicago, Ill. Epilepsy, Dr. Marc Ray Hughes, St. Louis, Mo. Phlebitis vs. Appendicitis, Dr. J. T. White, Freeport, Ill. To Operate or Not to Operate in Appendicitis, Dr. J. J. Brownson, Dubuque, Ia. Physiologic Therapeutics of Hypertension and Hypotension, Dr. J. H. Kellogg, Battle Creek, Mich. An Aztec Representation of Leprosy, Dr. A. H. Ohmann Dumesnil, St. Louis, Mo. The Pilocarpine Group, Dr. W. F. Waugh, Chicago, Ill. Two cases of Brain Surgery, Dr. H. C. Mitchell, Carbondale, Ill. Medicine: Its Dignity and Virtue, How Sustained, Dr. A. L. Glaze, Grayville, Ill. Sudden Death During or Shortly After Parturition, Dr. Tinsley Brown, Hamilton, Mo.

#### SYMPOSIUM ON ABDOMINAL SURGERY.

Bible-Tract Adhesions, Dr. Robt. T. Morris, New York City. Abdominal Operations Under Local Anesthesia, Dr. T. C. Witherspoon, St. Louis, Mo. Incising and Suturing the Liver, Dr. Jacob Frank, Chicago, Ill. Surgical Treatment of Diffuse Peritonitis with Report of Cases, Dr. John Young Brown, St. Louis, Mo. The Relation of Traumatism to Misplacement of the Abdominal and Pelvic Viscera, Dr. Samuel Ayres, Kansas City, Mo. Treatment of Acute Insanity in a General Hospital, Dr. Daniel R. Brower, Chicago, Ill. Some Observations on General Paresis of the Insane in Women, Dr. Anne Burnett, Mt. Pleasant, Ia. The Drug Treatment of Tuberculosis, Dr. Geo. F. Butler, Chicago, Ill. The Teaching of Hygiene, Dr. Jennie McCowen, Davenport, Ia. Tumors of the Scrotum, Dr. D. W. Basham, Wichita, Kans. The Clinical Value of Blood Examination, Dr. E. W. Meis, Carroll, Ia. The Present Status of Electricity in Medicine, Dr. C. S. Neiswanger, Chicago, Ill. Address—Abuse of "Patent Medicine Whisky" by the Laity, Dr. C. F. Wahrer, Ft. Madison, Ia. President's

Striking proofs of how highly men value their "precious right of private haziness" are to be found in realm of dietetics.—Hutchinson.

Every would-be reformer is absolutely certain that what nine-tenths of humanity find to be their food is deadly poison.—Hutchinson.

Address—Medical Evolution, Dr. Wallace C. Abbott, Chicago, Ill. Personal (and Hearsay) Experiences with Proprietaries, Patents and Consultants: Good, Bad, Indifferent and "Not Worth a Damn," Dr. W. C. Ussery, Paris, Ky.

SECOND DAY, WEDNESDAY, JUNE 27.

A Plea for a More Simple and Scientific Therapy, Dr. G. R. Neff, Farmington, Ia. Membranous Enteritis, Dr. A. S. Burdick, Chicago, Ill. The Surgical Treatment of Puerperal Pyemia, Dr. C. N. Thienhaus, Milwaukee, Wis. Enlarged Thyroid Complicating Pregnancy, Dr. Effie L. Lobdell, Chicago, Ill. Modern Management of Summer Diarrheas of Childhood, Dr. W. L. Ellis, Grayville, Ill. Cancer of the Uterus: Why Does the Surgeon Fail to Cure it? Dr. Emil Ries, Chicago, Ill. Report of Progress in Ophthalmology, Dr. James Moores Ball, St. Louis, Mo. Ulcer of Stomach, Dr. Carl Beck, Chicago, Ill. When Shall We Operate for Infected Fallopian Tubes? Dr. Felix William Garcia, St. Louis, Mo. A Study of the Results of Conservative Treatment of the Uterine Appendages, Dr. G. S. Newton, Chicago, Ill. Does "Conservatism" Pay in the Treatment of Inflamed Uterus and Tubes? Dr. John C. Murphy, St. Louis, Mo. A Gynecological Talk with the General Practitioner, Dr. H. C. Crowell, Kansas City, Mo. Some Uses of the Supra-pubic Canula, Dr. W. T. Belfield, Chicago, Ill. Sigmoid and Meso-Sigmoid in 700 Autopsies, Dr. Byron Robinson, Chicago, Ill. The Chemical Significance of Chronically Enlarged Tonsils, Dr. C. A. Boice, Washington, Ia. Tubercular Arthritis, Dr. Jacob Geiger, St. Joseph, Mo. Contribution to the Significance of Vesical Symptoms in Diseases of the Pelvic Organs, Dr. F. Kreissl, Chicago, Ill. Some Surgical Subjects, Dr. W. M. Harsha, Chicago, Ill. Tonsillectomy by Electro-cautery Dissection, Dr. Edwin Pynchon, Chicago, Ill. Differential Diagnosis of Diseases of the Upper Urinary Tract, Dr. Ernest G. Mark, Kansas City, Mo.

Consideration of the Treatment of Pro-lapse of the Abdominal Viscera, Dr. Franklin H. Martin, Chicago, Ill. Cardiopathies of the Fifth and Sixth Decennial Periods, Dr. J. M. Patton, Chicago, Ill. The Use of the Dumb-bell Device in Intestinal Anastomosis, Dr. J. B. Bacon, Macomb, Ill. Title unannounced, Dr. D. S. Fairchild, Clinton, Ia. The Pneumococcus as a Cause of Single, Multiple and General Infections, Dr. Mary S. Johnstone, Chicago, Ill. Vaginal Section as an Operation of Choice, Dr. Henry T. Byford, Chicago, Ill. Chronic Rheumatism—Its Metabolism and Therapy, Dr. R. W. Webster, Chicago, Ill. How Does Surgery Cure Retro-deviations of the Uterus? Dr. Bertha Van Hoosen, Chicago, Ill. Title Unannounced, Dr. A. A. O'Neill, Chicago, Ill. The Status of Professional Knowledge of the Feeble-Minded, Dr. W. H. C. Smith, Godfrey, Ill. Recent Advances in Orthopedic Surgery, Dr. J. H. Tanquary, St. Louis, Mo. Massage, Baths, Suggestions and Other Lines of Treatment which should be Rescued from the Quacks, Dr. P. W. Ransom, Rockford, Ill. Modern Treatment of Diphtheria, Dr. J. S. Kauffman, Blue Island, Ill. The Improved Technic of Cesarean Section, Dr. Emory Lanphear, St. Louis, Mo.

The officers of the society for 1906 are:

President, Dr. W. C. Abbott, Chicago, Ill. First Vice-President, Dr. J. W. Hanna, Winfield, Ia. Second Vice-President, Dr. H. B. Young, Burlington, Ia. Secretary, Dr. C. F. Wahrer, Ft. Madison, Ia. Treasurer, Dr. Emory Lanphear, St. Louis, Mo.

Any reputable practitioner of medicine, who does not publicly announce himself as an exclusive follower of any particular "school" of medicine, and who is recommended by two members of the society, is eligible for membership.

If you are not already a member of the society, you had better send \$2.00

One philosopher is absolutely certain that animal food is the cause of half the suffering and wickedness of the world.—Hutchinson.

Another declares that salt is above all things injurious; another condemns pork, another spices.—Hutchinson, *McClure's*.

to Dr. Emory Lanphear, 3870 Delmar Ave., at once. If you do not promptly receive a program advise us at once and we will see that you are supplied.

#### THE THERAPEUTIC INDICATIONS OF STRYCHNINE.

I just mention the well-known general indications of strychnine and wish to give some results obtained in neuralgias and in infantile bronchopneumonia.

In the small doses of our granules, strychnine is of course the best of biters and has a tonic stimulant action, with a diuretic one that is not often thought of. In large doses it acts upon the bulbospinal center and increases its excito-motor action.

From this one may deduce an important indication—weak or moderate doses in digestive troubles and large doses in nervous diseases. The larger doses give an exaggeration of the reflexes that can be easily seen or found in time to stop them, or we may continue to the effect wanted, thus giving a sort of barometer to gauge our doses, following the dosimetric rule to give a drug up to the effect wanted.

Taking the case of a neurasthenic patient, and wanting to cure his asthenic symptoms we give him at first a regular pill of strychnine and said to take one of them three times daily—our old and fool directions. This had no effect and a change was made to dosimetric granules “to effect” and when it was obtained the case was cured.

The drug is all right; it is the method of giving it that had to be changed!

The late Professor Trousseau, wrote once in regard to a case of infantile

chorea he was treating: “Commence with small doses and watch the action for two days, but push the drug to physiological effect and tell the parents what you are doing.”

Then when the patient feels a little stiff in the neck and the jaw and a half-hour afterwards has a slight headache and perhaps a little trouble with sight, or perhaps will complain of itching of the head and even an eruption of the skin—look out! If the drug is then increased and continued he may get convulsive movements from it or perhaps painful spasms when he moves or gets up. This will go off if you keep him in bed.

The physician should not be frightened by those symptoms—they represent the physiological effect he is trying to produce. He must also remember that they vary in different persons and in the same person at different times.

In all the diseases of the central nervous system, long before the advent of the dosimetric system, Trousseau and Bretonneau got wonderful results in desperate cases of paralysis from softening of the brain—from the lesions and the inflammatory cases as well—of the brain and medulla. They used the same treatment with success in paralysis from lead poisoning, diphtheria, measles, mercury and alcohol poisoning; also the same in facial paralysis and that of the vocal chords and the anal sphincter, as well as paralysis of the intestines, causing a profound constipation. Dr. Burney Yeo of London always gives large doses of strychnine in cases of constipation in elderly people, when he says it is caused by inertia of the bowels that is almost a paralysis.

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One dietetic Rousseau proclaims a return to first principles by abolition of cooking.—Hutchinson, in *McClure's Magazine*.

Another attacks the harmless and blushing tomato; while Mrs. Rorer has gently to be restrained when mild-eyed potato is mentioned.



Vulpian recommended it in cases of weakness of muscular strength that followed medullary loss. In atonic dyspepsia in old people experience proves that strychnine gives splendid results, as it does in all the debilities of these patients. As to dipsomaniacs it is a classical fact that many are to be cured by pushing it to physiological effect. Vide the "gold cure."

But we do not wish to repeat what is already so well known to your readers, but rather to call attention to some new ideas for the use of strychnine. Different writers in France have tried it in cases of neuralgia—such as sciaticas—which could not be reached in any other way. As a rule hypodermic injections were made use of, as nearly as possible half way between the ischial tuberosity and the great trochanter.

The doses used were 0.0005 to 0.002 Gm., and an effort was made to reach the nerve itself just where it comes out of the pelvic cavity. With this method an instantaneous cure was obtained in a number of cases. In some cases the pain seemed to move to other parts of the nerve's tract and it was followed there by other injections, about the knee or ankle as it happened, with nearly always success. Here the injections were made in the muscular structure. In only one in a hundred was any general trouble developed and that was only a temporary trembling of the hands.

Now in infantile bronchopneumonia in babies of five to six months, when the symptoms were of a most serious nature, we have been able to make a success after injections of quinine and all sorts of other treatment was done. In one case artificial serum and injections

of camphor were resorted to, with no effect when the inferior base of the lungs was almost solid, and yet strychnine pulled the patient through. Only one quarter of a milligram dose was used.

Therefore in such cases if the granules or a solution of them is pushed in time it should succeed. These infants seem to need the strychnine excitation of the respiratory muscles in order to enable them to throw off the exudates in the alveolæ of the bronchial tubes.

Following up the same idea in tuberculosis in weak cases where the patients cannot throw off the sputum, and also in cases of bronchorrhea and chronic bronchial catarrh, large doses of strychnine have given good results, pushed to some physiological effect.

THOMAS LINN.

Nice, France.

## TWO VERY INTERESTING CASES OF HYSTEROID CONVULSIONS.

I was called a short time since to see a girl of eighteen years who had been suffering with convulsions for forty-eight hours. When I arrived I found her with clonic convulsions requiring four men to restrain her. The history I received when I arrived was as follows:

She had been having the convulsions for forty-eight hours; they would last four hours, then for four hours she would be apparently well, except very weak. During the convulsions she would try to bite the bedding, herself or her attendants; would bite the spoon when trying to give her medicine, in fact looked dangerous to manipulate.

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One man preaches the gospel of dignified simplicity on one meal a day and one clean collar a week.—Hutchinson.

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Fletcher declares that if we masticate long enough we can dine sumptuously on a menu card and a wafer biscuit.—Hutchinson.

She would arch herself back and hold her breath for half a minute. At first I thought she would certainly die before I could give her anything.

History from family: No constipation, catamenia normal, no *affaire d'amour*, had had gonorrhea one year since. I examined the patient and found her with a hysteritis and salpingitis. The colpitis had been subdued by the attending physician. The entire abdominal viscera seemed to be sensitive to pressure.

*Treatment.*—First gave chloroform until patient was quiet, then prescribed valerianated ammonia with potassium bromide, also assafetida for nerves, santalin and extract colocynth compound followed by a saline for intestinal parasites and to clean out the alimentary canal. Dilated the cervix uteri, irrigated the uterus and curetted. Placed a fly blister over the tubes and uterus to relieve internal engorgement. Also did a venesection to relieve the cerebral congestion. The effect of this treatment was to get rid of worms, clean the bowels, in fact to relieve the patient in every particular.

Now comes the most interesting part. This patient had another convulsion next day which was very light, requiring but two attendants to restrain her (a man and a woman) but in her effort to bite herself or someone else she got hold of the woman, biting her on the hand. This case, number two, did not seem to be alarmed about it but that night while sitting on a chair she fell off and began biting at the floor and tried to get hold of those in the room. Two or three strong men got hold of her and tied her. I saw her next day at ten a. m., found her just like case num-

ber one, except there was no gonorrheal involvement, but the convulsions were practically the same. She said her whole arm was giving her much pain. There was no lymphatic involvement, no swelling, no glandular involvement and I presume no pain. I put her on a similar treatment except santalin, used a solution of bichloride of mercury on hand and told her she would have no further trouble. They are both now well. I report these cases that they may be a help to others.

W. H. HANNUM.

Levels, W. Va.

#### WHAT AUTOINFECTION WILL DO?

A man, age 57, weight 200 pounds, height 65 1-2 inches, of sedentary habits but a hard literary worker. For some months his abdomen had been enlarging and his attention had been repeatedly called to it; but engrossed in his work he had paid no attention to the matter, supposing it simply an increase in fat. He ate full meals and nibbled between; without appetite, drinking water freely, little coffee, no alcohol or tobacco. The evidences of autotoxemia present, as later acknowledged, were, morning bad breath, rheumatic twinges in a shoulder injured years before, a feeling of debility, anorexia, and pruritus ani which, occurring always after a passage, was evidently due to direct irritation by the discharge.

Tuesday, Feb. 6, about 6 a. m. began pains in the left abdomen, middle of descending colon, gradually settling down to a heavy, persistent, insistent, barely-endurable anguish, with paroxys-

Instinct superior to reason: Sausage and buckwheat cakes with maple syrup and strong coffee have carried white men around world.

We are "steam engines in breeches," of moderate range of power, economical in fuel, with great adaptability.—Hutchinson.

sms of unendurable agony that brought cold sweat out freely, rendering the sufferer, temporarily almost pulseless from shock. These pains were somewhat relieved by glonoin, gr. 1-250, but by nothing else (opiates contraindicated of course), hot water bottles making scarcely any impression on the suffering. Five enemas were taken, the water flowing in without difficulty, two quarts at one time, coming away as taken. Three ounce-doses of castor oil failed to move the bowels. The suffering continued till 4:25, when it subsided completely. A prolonged examination with inflations caused fatigue but not much pain. An enema of coal oil 3 pints, brought away a great amount of fecal matter. Some pain the following night was relieved by the water bottles.

The following week was consumed in emptying the bowel by castor oil and colonic flushing with hyoscyamine to relax tensioned areas and strychnine to support the spastic,) the last mass breaking up and discharging on the 13th. This evidently contained specially toxic matter as its liquefaction was attended by an outbreak of intensely itching erythema over the back, and the outer aspect of the arms, with fulness and aching of the head, and anal pruritus after passages, which had ceased for some days before. Tenderness remained in the descending colon until, after a severe paroxysm of pain developed by deep palpation in the region of the left kidney, a free discharge of urine occurred, and the pains disappeared for good. During this period the diet consisted of a cup of soup alternated with one of fruit juice, every three hours—absolutely nothing else;

and this satisfied appetite and under it the strength revived. An abdominal bandage of flannel was applied and worn with comfort and benefit, the distention subsiding daily. No nausea occurred at any time.

And this after eminent surgical diagnosis of carcinoma and what not, therapeutic suggestions being passed over with the remark that "it might do him no harm," but that operation and the usual result was unquestionably inevitable.

W. C. ABBOTT.

Chicago, Ill.

#### SOME MORE THERAPEUTIC POINTERS.

Whenever you have a case of bronchitis (especially if the patient is a child) keep a small vessel of water boiling in the room and drop therein every two hours thirty drops each of turpentine and ol. eucalyptus. Even more effective is sanitas oil. In severe cases cover vessel and child with a sheet thus forming a tent to confine vapor.

Sneezing, hiccough and even asthmatic attacks may be instantly controlled with a few whiffs of chloroform; obstinate sneezing by spraying nares with a 1-2000 solution of adrenalin chloride.

In spasmodic retention of urine due to stricture, lobelin, gr. 1-234, every ten minutes, after atropine, gr. 1-250, in a little hot water. Dissolve gr. 1-67 lobelin in twenty drops of hot water and inject into the deep urethra.

GEORGE H. CANDLER.

Chicago, Ill.

Given our age, sex, horse-power and the work to be done, the suitable fuel is only a question of cost and accessibility.

No evidence to support the notion that "spices heat the blood;" really they are valuable intestinal antiseptics.—Hutchinson.

# AMONG THE BOOKS

## ASHTON'S GYNECOLOGY.

A Text-Book of the Practice of Gynecology, by Professor W. Easterly Ashton, M. D., LL.D., of the Medico-Chirurgical College of Philadelphia. This has passed through two editions in six months. Before we had time to review the first edition we became so well acquainted with it and so highly appreciated it that in our October CLINIC of 1905 we gave footnotes from it on pages 1000 to 1015, deeming Ashton's sayings in this book worthy to be urged upon our readers. Our extended review of the first edition was lost unfortunately in our great fire in November. There is of course, very little difference between the two editions. We will not enter upon comparisons between this and the other well-written text-books on Gynecology but this we will say, that whatever the other excellent books neglected for one and another reason this book is supplying. The author seems to have been bent on giving to student and practitioner not a *multum in parvo* but *multa in multis*, and not assuming anything in this medical branch as known to the reader he gives detailed instructions from A to Z, and succeeds well.

We are told it is the best selling book on the subject at present. Publishers, W. B. Saunders Company, Philadelphia, 1906. \$6.50.

## ADLER'S SPIRITUAL ATTITUDE TOWARD OLD AGE.

The Spiritual Attitude Toward Old Age, by Felix Adler, Leader of the New York Society for Ethical Culture.

This pamphlet is a lecture delivered at Carnegie Hall after the appearance of Dr. Osler's "Counsels and Ideals." Great men make great mistakes, and these mistakes do not diminish their human greatness, nor do their greatness diminish the falseness of their mistakes. Adler handles Dr. Osler's forty years dictum analytically and shows correctly that Osler's synthesis labors under the unconscious defect of a personal equation. The pamphlet can be had free of charge by asking or writing for it to the New York Society of Ethical Culture, 33 Central Park, West, New York, N. Y.

## APPLETON'S "CLINICAL-MEDICINE" SERIES.

Diseases of Metabolism and of the Blood, Animal Parasites and Toxicology.

This is the second and an excellent volume of Appleton's new series of "Modern Clinical Medicine," the first of which on "Infectious Diseases" we had the pleasure of noticing in our October, 1905, CLINIC. In the providential economy of the spiritual forces of humanity German savants take the lead in thinking, Frenchmen in matters of taste, and Anglo-Saxons in making both practically useful. And so we have a most valuable collection of medical monographs from "Die Deutsche Klinik." We cannot serve our readers better than in giving here a list of the subjects treated of in this volume. (1) The Quantitative Analysis of the Disturbances of Metabolism. (2) Overnutrition and Undernutrition. (3)

Diabetes Mellitus and Insipidus. (4) Gout. (5) Obesity. (6) Myxedema and Organotherapy. (7) Addison's Disease. (8) Acromegalia. (9) Chronic Articular Rheumatism. (10) Pentosuria. (11) Blood and Blood Examination. (12) The Anemias. (13) Chlorosis. (14) Leukemia and Pseudoleukemia. (15) Hemorrhagic Diathesis. (16) Animal Parasites of Man. (17) Poisons and Their Treatment.

All of these are treated of by Germans who stand first in the specialties named, who, moreover, stand far from deserving the name of medical nihilists, and who speak as real, active, hopeful therapists. We do not think there is a progressive physician who will not find the solution of some questions in his mind concerning one or another of the subjects mentioned above as far as presently known. The editor, Dr. John C. Cabot of Harvard University, adds here and there valuable information. The translator, Dr. J. L. Salinger did his onerous task well. He says that in anticipation of the fact that many points will be searched for in this volume, he added an index to it. While we wonder how he could "anticipate a fact," we thank him for the useful index.

Publishers, D. Appleton & Company, New York and London, 1906. \$5.

#### **KOPLIK'S DISEASES OF INFANCY AND CHILDHOOD.**

The Diseases of Infancy and Childhood, by Henry Koplik, M. D., second thoroughly revised and enlarged edition, well and abundantly illustrated, is just what it is designed for, viz., "for the use of students and practitioners of medi-

cine." It is thorough and comprehensive, avoids mere minute and scientifically-alone interesting details, but does not stint to give them when the scientific is necessary for the practice. The young doctor will do well to have the volume near him for reference and the old practitioner will conveniently find in it whatever has been added to our knowledge in pediatry up to date. The make-up of the book is in the ever acceptable style of its publishers, Lea Brothers & Co., New York and Philadelphia, 1906. \$5.00.

#### **BRUBAKER'S PHYSIOLOGY.**

Human Physiology. A Text-Book by Albert P. Brubaker, A. M., M. D., Professor of Physiology in the Jefferson Medical College, second revised and enlarged edition, 1905. In our review of the first edition (*ALKALOIDAL CLINIC*, 1904, p. 988) we recommended the work to the busy practitioner who is anxious to be up-to-date in physiology. This second edition will serve the same purpose to date.

Publishers, P. Blakiston's Son & Co., Philadelphia, \$4.

#### **THOMAS' PRACTICE OF MEDICINE.**

The Eclectic Practice of Medicine, by Rolla L. Thomas, M. S., M. D., Professor in the Eclectic Medical Institute.

The signature of permanency is progressive improvement. We who are old enough remember when eclecticism was synonymous with herbism and anticalomelism. But of all the original peculiarities, "specific medication" alone is left to distinguish it from the old and

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Spices simply whip up appetite for unneeded things and cover taste of spoiling meats; hence they are blamed.—Hutchinson.

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Extraordinary appetite for spices in tropics an instinct based upon appreciation of their genuine value.—Hutchinson.

never-aging, regular school of practice. And that specific medication refers in good part also to the "whole-plant" idea, with all its variety of and often contrary "active principles." But we do not quarrel with it on that score, and gratefully remember the many plant remedies that school has given us, and the strides it has made in the progress toward specifics, whether for a complex of symptoms under one name, or as the author of this book prefers to call it, "for a pathological condition."

We heartily recommend this excellent book to alkalometrists and all other progressive physicians. The sciences and arts of healing have not yet been concluded, ended, shut up. There is much yet for every one of us to learn, to choose, to "eclect," to select from all sources, and this book is an eminent one. The eclectic literature should be followed more closely by physicians of *all schools*.

Publishers, The Scudder Bros. Co., Cincinnati, Ohio, 1906. \$6.00.

#### FANTUS' PRESCRIPTION-WRITING.

Prescription-Writing and Pharmacy. A Text-Book by Bernard Fantus, M. D., second edition, thoroughly revised and adapted to the Eighth (1905) edition of the United States Pharmacopeia. Publishers, Chicago Medical Book Company, Chicago, 1906. \$3.

We have examined the book before us and are impressed with its eminent adaptability, not only for the medical student for whom it is designed, but also for many practising physicians, whose pharmaceutical training during their medical school days was but per-

functory or nil. And now they are at the bedside of their patients, and, dear me! Every time they have to write a prescription the question of dosage and the number of doses, and the compatibilities and the Latin endings and the many other things connected with this written talisman recur again and again. It is devoutly to be desired that a course in pharmacy such as is laid out in this book, just enough for medical students, should be given in our schools. But while this may remain but a pious desire, a physician may be benefited by taking an auto-course in this book by himself, and I think he will thank us for the advice. The book certainly enters a field which is not cultivated nearly enough. We hope it may have a wide circulation.

#### NYSTROM'S "SEXUAL LIFE."

The Natural Laws of Sexual Life, is a work written in Swedish by Dr. Anton Nystrom of Stockholm, and translated by Carl Sandzen, A. M., Ph.D., of the Kansas University.

The book contains some very useful and necessary material in the study of sexual life, and these could be utilized well enough without the author's anti-theologism, imprudent, impudent and indiscriminating assertion of unchastity of all celibate men and women. This is right down mean and vulgar. The author takes the position that sexual abstinence is impossible without either occasional infraction of it, or injuring one's health. He asserts that thousands die for lack of sexual gratification. He does not seem to know anything about that healthy, long-lived, hard-working, peace-

Use of spices for embalming by Egyptians shows antiseptic powers; mustard used by surgeon to sterilize hands.—W. H.

The Jewish taboo of pork is purely ceremonial and has no hygienic basis; Jews probably eat more fat than Gentiles.—W. H.

ful people called Shakers. We do not belittle the mountain-weight pressure of the unsolved sexual problem, which impedes the progress of humanity in all its departments of life. It is easy enough to find fault, but it is wiser to find the true cause of the fault. What we said refers particularly to the first half of the book, for in the second half or third of it the author seems to recover his comity to his Christian fellow men and women.

The translation leaves much to be desired. We repeat, there is excellent material in the book, and the publishers should avail themselves of it for a revised second edition.

Publishers, The Burton Company, Kansas City, Mo. 1906. \$2.

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#### BUTLER'S MATERIA MEDICA.

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A Text-book of Materia Medica, Therapeutics and Pharmacology, by George F. Butler, Ph. G., M. D., is out in an entirely "remodelled, rewritten, and reset" fifth edition, by Smith Ely Jelliffe, M. D., Ph. D., Professor of the subject in Columbia University (College of Physicians and Surgeons), New York.

The new cast of this well-known book is very acceptable in its arrangement for study and reference, having as it does the remedies grouped according to the predominant action upon one and another system of the organs of the human body. And barring unavoidable exceptions, which we always have to remember, the arrangement is better than an alphabetical one for memory and reference. That it is up to date and to the new Pharmacopeia (1905) goes without saying, when the old favorite

name of Butler and the new acceptable name of Jelliffe are connected with the book. But it is to be regretted that in one and a very important point it is equally up to date in the often copied and repeated and unfounded tradition about aconitine, especially the amorphous, which has done eminently beneficent service to humanity for the last forty or more years in France, Belgium and the United States of America. We have a right to expect from such an one as Professor Jelliffe that he would give us the latest from authorities, on aconitine, such as G. Arnd's Neues Arzneimittel, 2te Auflage, August, 1905, who while he says that aconitine is extremely poisonous, says without hesitation that it is given internally in neuralgia, rheumatism, gout, pleurisy, pneumonia, pericarditis and nervous odontalgia in 0.0003 Gm. *pro dosi*, 0.0006 Gm. *pro die*. The same author gives also the amorphous aconitine, as much less poisonous than the crystalline in 0.001 Gm. doses and gradually rising. Or if Professor Jelliffe had consulted the Enzyklopaedie der Praktischen Medizin of Drs. Schnirer of Vienna, Austria, and Prof. H. Vierordt of Tübingen he would have found that while aconitine is rarely given in Germany, where it is not official, and the aconite root alone is registered, it is really administered in other lands.

Let me call the reader's attention to a Gleaning article in this issue of the JOURNAL, on Aconitine, from a high impartial French authority.

And when the reader should ask, why do authors in speaking of aconitine give such unfounded monitions, let him listen to echo—*Tradition!*

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Pork is the slowest but also one of the surest foods to give off all its energy to the body.—Hutchinson.

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I have seen more cases of dyspepsia cured by the use of breakfast bacon than by any drug or restricted diet.—Hutchinson.

# CONDENSED QUERIES ANSWERED

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## QUERIES

QUERY 5022:—"Impotence." Family history negative. Male; eighteen and one-half years old; does not smoke, chew or drink alcoholics. Has had no diseases except those of childhood. When ten years old he masturbated considerably for about a year, quit it for about a year, and practised it for about three years, and claims not to have practised it since that time. Denies history of gonorrhea or syphilis. He has had no sexual desire for three years now. Never had coitus. Present condition: Fairly strong, appetite good; bowels regular; sleeps well; no nocturnal emissions; beard scanty; prostate normal; urine of high sp. gr. and contained a trace of albumin at one time, but is normal in amount. Patient complains of dribbling after urination and sometimes of scalding sensation; is nervous, somewhat depressed in spirits, and worries because he has no sexual desire.

Treatment: General tonics and tonic aphrodisiacs and mental assurance. What would you suggest?

A. F. Z., California.

In this case you will have to improve the man's general health. Examine the prostate and if you can use the endoscope, you will most likely find the *caput gallinaginis* and surrounding parts of urethra red and shiny, indicating inflammatory conditions. The ejaculatory ducts will be noted patulous and "pouting" and a certain amount of vesiculitis surely exists. From the history given this is a true case of debility due to continued irritation during the period of development and great care will be neces-

sary to cure the case. First and foremost give confidence; send him away if possible where he will be kept physically active among men in the open air. Tell him to keep his mind off himself and the other sex for one year and all will be well. For one month pass cold steel sounds three times a week; have the parts bathed with cold water night and morning and watch urine, keeping it normal. The use of the psychophore would help as will galvanism and the injection into the deep urethra of bovine one part, sol. boracic acid (20 per cent), one part. Slit a narrow meatus; dilate sphincter ani and remove any hemorrhoids—if they exist. Keep the bowel open.—Ed.

QUERY 5023:—"Obstruction of Bowel?" Would like diagnosis in the following case: Male, age six months, weight 22 pounds. Very fleshy, has never had a day's sickness until present illness. When called, I found patient very restless, tossing to and fro and crying out occasionally. Kidneys regular. Bowels constipated and distended, tenderness on pressure in umbilical region. Tongue coated, temperature 101° F. Treatment: Sponged fever down, gave 1-10 grain calomel every hour till tongue cleared, following with oil. Patient appeared better after bowels moved. This being a malarial district, I put patient on quinine sulphate, gr. 1 every three hours, this to be continued till my return next morning. Also had turpentine stupes applied to bowels until better. Was



called again next morning at 4:30. Found patient very restless, breathing very rapid, full bounding pulse. Temperature 106° F. Bowels distended very much and very tender. No action from bowels during night. Treatment: sponged patient, gave specific tincture aconite, not having aconitine at hand, but failed to reduce fever. Gave repeated enemas with very poor results. Within one hour fever had gone from 104° to 107° F. Patient had one light convulsion just before death, which was at 8:00 a. m. same morning. Am very anxious for diagnosis, if I have given sufficient data.

W. I. P., Kentucky.

It is unfortunate that you do not give us any of the prior history here: Food used, nature of birth, health of parents, etc. The nature of stool secured is not mentioned, neither do you mention the passage of urine. Any vomiting? The enemas were of course of the usual nature, not high? See article by Dr. Candler in December issue of the CLINIC on "The Importance of the High Enema." Let us urge you to secure one of the instruments therein described; we would not practise without it. There was probably in this case either intussusception, volvulus (with gangrene) or impaction. In most of these cases, however, there is vomiting and passage of bloody or mucous stools (or masses). Acute peritonitis is likely to occur in children and the symptoms you describe are present: Abdomen hard, high fever and collapse (or final convulsion). Of course impaction or invagination may cause peritonitis. So also may the rupture of a syphilitic ulcer or an abscess. The prior health of the child precludes enteritis with acute termination. Trauma of course you have excluded? A post mortem would

probably reveal obstruction; infection via the umbilicus would have occurred earlier. Is there any history of tuberculosis?—ED.

QUERY 5024:—"Cystitis, Prostatitis, or Diabetes Insipidus?" Patient is a male, 19 years old, looks healthy, height 5 ft. 7 inches; weight 151 pounds. No loss in weight since beginning of disease seven months ago, or at least no more than a pound or two. Seven months ago the patient contracted gonorrhea. Pronounced "cured" two months later. About time of contraction urination became frequent. Three months ago urination became serious, he passing two to four ounces every twenty to thirty minutes during the day and frequently during the night. Urine also passes during sleep without patient's knowing it. There is slight backache, no physical weakness; patient can walk or ride without becoming tired. Pain on pressure over kidneys. Very good appetite, constant thirst. Patient feels well. Patient claims that three months ago there was albumin in urine; at present urine is colorless, specific gravity, 1010, contains apparent shreds of mucus, no pus or albumin, reaction neutral, no odor. Chronic constipation. Patient does no labor. I am at a loss as to the disease. Have thought there may be irritation of bladder, and yet it looks very much like diabetes insipidus.

W. J. B., Michigan.

The first thing to do is find out what those shreds of mucus mean. Are they not gonorrheal? Better have the urine tested by the two glass method. Save the first two ounces passed after sleep (longest period), then let him urinate and pass the final two ounces into another vial. Send to us marking "No. 1" and "No. 2". Examine the deep urethra with the cold steel sound and also the prostate. See if there is any tenderness

An alimentary canal which cannot digest bacon or ham should be braced up; educated to take what is given it without a fuss.

Indigestible residue is absolutely needed to stimulate lower bowel; we need "hay" just like horses.—Hutchinson.

over bladder. This may be cystitis. The pain over kidneys, the large quantity of urine and thirst, with low sp. gr., are, however, suspicious. How about the bowel—constipated? Test for exaggerated knee jerk. Give this boy ergotin, gr. 1-3, codeine, gr. 1-67, every three hours while awake, and two triple arsenates with nuclein after meals. After four days change to the diabetes (nervous) formula, one granule four times daily and in four days return to the first medication. Add now strychnine nitrate, one granule, and reduce the arsenates to one after food. Give the boy a dry nutritious diet and all the weak lemonade or orange-juice water he wants; butter-milk also. Improve general tone with salt baths, massage, exercises, etc.—Ed.

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 QUERY 5025:—"Intestinal Atony and Fermentative Conditions." I would like a little information in regard to the action of saline laxative. The majority of my patients after using it for constipation complain of flatulency to such an extent that it caused much distress. It was always taken in the morning on an empty stomach, sometimes in hot water, then again in cold. About six weeks ago, I concluded to give it a personal trial. My digestion is medium, no distress in stomach or bowels, but bowels are sluggish although they act every day. I have never been troubled with inaction of the liver. I commenced taking the laxative in one teaspoonful doses, dissolved in one glass of cold water one hour before breakfast. Bowels acted at noon, but there was a great deal of gas and very offensive. I continued this treatment for one week; the result was, I was bloated all the time and whenever the gas would escape, the odor would nearly take your hat off. I concluded the medicine did not act quick enough, so the next week doubled the dose and

took it in hot water. The bowels would act within one hour, and occasionally again in the afternoon. The gas and odor was the same as during the preceding week. Without a doubt it is all due to my ignorance, hence the reason for writing. All of my patients have complained the same way. I wish further to state that three days after I discontinued its use the flatulency and odor disappeared. Why? If you will kindly give me a little more light on the method of administration, it will be appreciated.

E. S. W., Michigan.

We can quite understand such a condition as you describe existing in an individual, but, when it comes to "all the patients" presenting similar symptoms we confess ourselves puzzled. We have given eff. mag. sulph. for years and it is being given, as you know, by thousands of physicians by the ton and a report of this kind reaches us perhaps three times a year. Now, Doctor, the odor you speak of and the gaseous condition proves very conclusively that there is (or was) something "rotten in Denmark," and we would strongly suggest that you exhibit five to ten grains of the triple sulphocarbolates an hour after meals, crushing the tablet and giving with a little hot water. Continue the treatment, say, for a week. At the same time take about an hour before meals for the same period strychnine (or brucine), gr. 1-67, juglandin two granules and hydrastin, gr. 1-6. This to improve innervation and tone the muscular walls and mucous coat of the bowel. If saline laxative is taken by a patient who has fecal concretions anywhere in an atonic, sacculated intestinal tract it may cause the fluid part of the stools to be evacuated and after these have passed the gas may be dammed back of the concretion

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What would an army, an exploring party, a lumber camp or a harvest field be without bacon.—Hutchinson, *McClure's*.

Vegetarianism is a matter of creed, not of logic; its adherents really object to foods which involve taking life.—W. H.

and cause trouble. In every case of this kind we would feel inclined to give two or three good doses of blue mass and soda, say, one grain with podophyllin gr. 1-6. Repeat every hour for four doses at night, then give the saline the next morning to sweep out the canal and twenty-four hours later we would give a high enema of hot saline solution, passing the tube well up into the transverse colon. With an empty normally-acting intestine, flatulence is practically impossible and certainly could not be caused by the exhibition of magnesium sulphate. Just try these suggestions and note the results.—Ed.

[Shortly after writing the above we received the following letter from our correspondent who, it seems, began to think for himself—as alkalometrists do—and the result proves the absolute correctness of our views. The moral is obvious; apply it, doctor.—Ed.]

Since writing you, I commenced to do a little thinking, and concluded that in my own case, where there was odor, there must be something to cause it, so I took six doses of podophyllin, gr. 1-6, and calomed gr. 1-6. The next morning I took two heaping teaspoonfuls of the saline in one cup of hot water, and in about one hour there *was* something doing! I am pleased to inform you that the results were beyond my most sanguine expectations and I am feeling fine. Why I did not clean out before was that I did not think it necessary because my bowels acted every day; but now I am convinced there was an accumulation of feces that had existed for several days and maybe weeks. I have done likewise by the others and good results followed!

Another instance where poor judgment was displayed: I led you to infer that this was the case with all of my patients. I wish to modify that

statement somewhat. I have just commenced to use the laxative in cases that are not constipated, every morning or every other morning, thinking it would stimulate the action of the kidneys as well as the glands of the digestive tract. There were only two besides myself and the effect I wrote you about was the result. I am sorry I caused you so much trouble, but often times we learn by making mistakes. I thank you sincerely for the suggestions. I am using the alkaloïds every day and to say I am very much pleased with their action is expressing it mildly.

QUERY 5026:—"Overdosage of Lecithin Impossible." I desire to ask if there is any danger of overstimulating the brain by the use of lecithin. I have a stubborn case of long standing neurasthenia with anemia and mucous membrane trouble, also such other weaknesses as accompany impairment of the nervous system. The patient often complains of dizziness, pricking of the brain and often of a feeling of "a band around his head." He suffers much from insomnia, of course, as is usually the case in such conditions. Is there any danger to the brain in a long continued use of lecithin? It seems to be working wonders so far.

S. H. B., Ohio.

To the best of our knowledge there can be no possible danger of overstimulation with lecithin. The system will only assimilate such nutritive matter as is required. The selective capacity of the cell has been fully proven. The sensations you describe make us inclined to fear beginning tabes. Make a very careful examination and report findings. Of course, Doctor, you should keep up free elimination and add small doses of strychnine or brucine to lecithin with, probably, cactin, one granule three times a day.—Ed.

The Anti-sport, Anti-vivisection, Anti-fish-hook ladies are more or less devout vegetarians.—Woods Hutchinson.

With vegetarianism as a creed we have no quarrel; but when it parades as science—we respectfully protest.—W. H.

QUERY 5027:—"Active Principle of Water-Cress." "An Open-air Dressing."

1. I want to make an active preparation of water-cress, how shall I proceed?

2. I am experimenting with an open-air dressing which I hope will revolutionize the treatment of wounds on certain portions of the body such as the head, face, hands, etc. Will let you know results later.

M. T. F., Missouri.

1. We shall take an immense interest in your procedures. We have for many years prescribed water-cress constantly, and in fact urged continually the use of this and other green plant foods. There is unquestionably an alterative and glandular stimulative action in water-cress. It also seems to us to have a decided diuretic effect. There is only one thing for you to do. First and foremost you must make a concentrated extract by the usual methods and then proceed by the regular ways to extract any active principles which may exist. You will have to work along with the expressed juice, alcoholic percolates, acetic acid percolates and aqueous extracts until you find out just which plan proves most effective. Make a concentrated infusion, Doctor, and if you care to send any of your products to us, we will have our chemist criticize and test them. Of course you have the regular manuals and working textbooks and know how to proceed to make the fluid extracts, etc.?

2. "Open-air Dressings" for wounds is a matter of importance and interest and we shall be pleased to hear from you as to your progress from time to time. By the way, have you tested, or have you seen the latest method of treating wounds? Cleanse thoroughly, and apply a piece of glass smeared with carbolized oil. Pack absorbent cotton around the edges to ab-

sorb any discharges and bandage to hold in place, not covering the center of the glass however. The wound can be seen at all times and the glass never adheres. Dressings can be removed painlessly and promptly and light seems to have a beneficial action upon the wound. Pus rarely forms and granulations spring up very quickly. The writer has only had an opportunity to try this once on an open wound of the hand and it worked splendidly. Of course the danger lies in having glass tied to a pateint in case of falls or accidents, and as soon as possible we are going to make a test with mica.—ED.

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QUERY 5028:—"Arteriosclerosis." I am 74 and one-half years old; 6 ft. 2 in. tall; and weight 159 lbs. Have suffered from a mitral lesion for fifty years (no dropsy) and the last ten years I have been more comfortable from this than before. Seems like my heart is more nearly normal than before. Constant murmur and occasional palpitation, and sometimes arhythmia is present.

Have for years had an indigestion that kept a distress about the sigmoid up towards the navel. This is better now: I think cascara and some of the alkaloïds helped this. Stubbornly constipated most of the time. I am not a meat eater and not ravenous at any time. I am using saline cathartics freely. Urine about normal. While a chronic (intestinal) dyspeptic, I have not been subject to "bilious spells" with nausea and vomiting. Milk and eggs certainly disagree with me.

A few weeks since I awoke in the night with nausea and great dizziness. For forty-eight hours I was greatly distressed with sick stomach, retching and some vomiting, but what worried me was my "dizziness." At times I seemed to be "going out"—I didn't faint—but a "lid" seemed to cover, compress and

No jot of evidence to support the contention that there is any advantage or superiority in vegetable diet.—Hutchinson.

There is a surprising dislike for meats among tuberculous patients; in animal world tuberculosis rare among meat eaters.

smother my brain until I became for a few instants unconscious. I called a physician and took some treatment and am almost myself again, *except*—and this is my complaint to you: *a tendency to repeated spells of a "mussy" feeling at the base and occiput of the brain.* This is rather new to me and is referred to "arteriosclerosis."

Do you think that is the cause of my light spells of numb feeling in the rear part of the brain? I can't call them dizziness—but approaching that. If it is probable that a man in my fix has that condition of arteries pronounced, why was it not noticeable until I had my spell? And what would you advise as treatment to help retard the process in the arterial coats? Kindly advise me as to the probable cause and best treatment (if any) to modify and delay a more dangerous condition.

J. P. O., Indiana.

It is quite evident that your condition is due to cardiac debility, together with the natural failure of elasticity in the vessel walls. At seventy-four few men can hope to escape such symptoms entirely. However, much can be done to nurse the heart and tone the muscular coats of vessels; if at the same time you see to it that effete matter is not formed more rapidly than it can be eliminated—relieving the failing kidneys from undue strain—and take care to supply the system with such reparative material as it can take care of, you may yet have many years of comfort and usefulness. Here, roughly, is our idea. First and foremost, doctor, *keep the skin active*; every other day at least bathe from head to foot with a solution of magnesium sulphate one ounce to the pint; use this at body-heat and follow the bath with a good rough toweling. Take the first thing on rising half a glass of hot water in which drop a level teaspoon-

ful of saline; *before* your meals take cactin, brucine and hydrastin, of each one: after eating, papayotin gr. 1-6. We suggest that you eat only red meats, well cooked vegetables, cereals and nutritious soups, fruit, cooked or natural, grated apples, etc. Three times a day a teaspoonful of beef-juice squeezed from steak. It is well to take this between meals—at bedtime and *early* in forenoon if wakeful. Drink barley water (with fruit juice added) freely (avoid hard water) substituting this hot for tea and coffee as much as possible and taking it cold when thirsty. Once you get the knack of making it, it is one of the nicest things imaginable. If you find the cactin, brucine, etc., insufficient to maintain normal heart conditions, try convallamarin or sparteine. You will find that cactin with either of these will work beautifully, the former nourishing the heart muscle. The brucine improves innervation and hydrastin acts first as a direct tonic to the gastric mucosa and second exerts a most pronounced systemic effect.

Try this method for two weeks and note results. If you can get buttermilk, drink it, at first in small quantities, then in larger amounts.—Ed.

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QUERY 5029:—"Retained Secundines: Sepsis." On the 15th day of February. I was called to see a lady who was confined eight days prior. She was attended by an old lady who is called a "grand woman" [not a *granny*?—Ed.] in confinement. I asked the nurse if she had removed all the afterbirth. She replied she had. I examined the patient and saw that there was some septic trouble going on. The nurse said it could not be possible. I removed a number of chunks from the cavity of the uterus. I will say the temperature was

Breakfast food fad born of humble and highly respectable parentage—Scotch oatmeal.—Woods Hutchinson.

Oatmeal has some value as food but little to compare with its capacity to stir up fermentation and putrefaction.—W. H.

104°, respiration 100, dry and coated tongue. I put her on calomel and podophyllin, gr. 1-6 each, gave one teaspoonful of saline in a little hot water. Then I put her on dosimetric trinity, one granule every fifteen minutes for eight doses, then one every three hours; and echinacea every two hours. She made an uneventful recovery; in one week she was able to sit in her rocking chair. Did I do right?

W. A. S., Pennsylvania.

We would have been inclined to wash out the uterus with a creolin solution and would have exhibited a sharp purgative followed by saline and, to get rid of bacteria, would have exhibited calcium sulphide, gr. 1-6, echinacea one tablet every hour for twenty-four hours. Nuclein also hypodermically. These cases are too dangerous to take chances on. Your use of the trinity was perfectly proper but echinacea alone might have proved too slow to combat the toxic processes present.—Ed.

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QUERY 5030:—"Syphilitic Paralysis."

A young man who a few years ago contracted syphilis and who, notwithstanding urgent advice, has been quite negligent with his treatment except when he in some way suffered, as acute headache, etc., is now affected in the spine. Just before Christmas he suffered intensely in region of the trapezius and deltoid, but still did not stay away from business and now pains are about gone; but there is now quite a depreciated condition of both sensory and motor activity in the hand and arm. There is otherwise a full control of all the body but the weak arm and a little weakness in the lower extremities. He sleeps well, eats well, etc. There is no ptosis, Argyll-Robertson pupil, girdle sensation, double vision, optic disturbance, nor difficulty to stand with feet together and eyes closed. There is no pain nor sensitiveness along cord, except slightly at point wherescapu-

lae approximate closest. Is there likelihood of restoring the paralytic tendency in his arm to a normal state? The patient stands near to me and I am intensely anxious about his case. I have finally put him at absolute rest and on a red meat diet and rubs with tepid saline water along spine twice a day, and I intend to have him stretch the cord by daily bending exercise and slapping along spine.

The medical treatment is: Nuclein, three tablets(dissolved in water), lecithin one every three hours, two phosphorus and strychnine compound granules every four hours, gr. 15 potassium iodide after meals and the inunction of Credé's ointment on the spine twice a day. To-day I put two flying blisters on the spine. I did give him potassium iodide up to gr. 35, t. i. d., with mercury inunction for some time, but now I give only potassium iodide, gr. 15 and Credé ointment instead of mercury. I did also give him calcidin, gr. 2, every four hours, at one time. Could I give mercury inunction simultaneously with the Credé ointment and should I drop potassium iodide for the powerful absorbent treatment or for echinacea with calcidin? How long can I keep him on strychnine and phosphorus? Would it be well to drop it for the triple arsenates? It is hard for me to part with the strychn. and phos. comp. as I cured one case of typical locomotor ataxia who was completely paralyzed, so that he walked as well as ever, with this and nuclein. Are heat and cold to spine to be commended and electricity (yet)? Please tell me if I can substitute in the above or add anything to advantage. As far as general measures are concerned, I have adopted proper means to keep his body and general health up to the highest notch in the way of studied diet, etc.

C. W. H., Illir. is.

Your treatment of the case of syphilitic degeneration is all right: let us suggest however that you use a solution of magnesium sulphate in place of the sodium

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These be the virtues of the cereals; they are cheap, easily swallowed, nutritive—and come from Scotland and are orthodox!

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A vague impression that cereals are cooling to the blood and the impulses—and free from that diabolical quality—"richness."

chloride—one ounce to the pint; use it hot and rub briskly with a rough towel. The ungt. Credé is uncalled for as you have no germ invasion or pus. The antisyphilitic tablet alternated with calx iodata one week and arsenic iodide the next (after each meal, one tablet) will prove effective. For other medication the strychnine and phosphorus granule one week and triple arsenates with nuclein the next, using the latter the week calx iodata is given; two after meals. Of course potassium iodide is dropped altogether. Other measures as stated. Heat, not cold to spine, and mild faradization with brush. Give fresh beef juice three times a day—about one dram.—F.D.

QUERY 5031:—"Cephalalgia; Uricacidemic and Uterine Reflex."

1. Mrs. B., age 42, Norwegian, weight 170 pounds, mother of eleven children; family history negative; has always been healthy with exception of a headache which has troubled her for the last eight years. First attacks came at end of menstrual periods. Last two years occur at that time and also at different periods of month. Is never nauseated and does not seem to me to be a case of migraine. Attacks last usually half the day, sometimes a few hours, sometimes all day. Usually appear at definite time of day and that more often in early morning hours, as 4 a. m. Feels very weak after each attack. Pain usually begins in occipital region. Dull aching in character and quite severe, sometimes assuming a congestive and throbbing character. Complains of pain at times in lower lumbar and sacral region; frequent urination, especially at night, having to get up eight or ten times. I have examined, chemically, a sample at each office visit and find nothing abnormal except its being a little

too acid and about a gallon in twenty-four hours. Specific gravity 1015. She has what she calls "rheumatic pains" at times in different parts of body. Physical examination negative; local examination revealed lacerated and hypertrophied cervix. Small uterus, at times an offensive watery discharge, no menstrual difficulties.

Examined eyes under homatropine and found no refractive error. Has good appetite. Bowels have always been very regular. Sleep is good only when urine disturbs her. She is not a nervous or hysterical woman and has always worked hard. Can you suggest a line of treatment for her and do you think this a case for migraine? My treatment has been briefly, as follows: Fl. ext. cannabis indica, gtt. 1 to 2; fl. ext. gelsemium, gtt. 5 to 10, three times a day. Migraine tablet to take when symptoms appear. This treatment improved the urinary symptom till it is now about normal: the migraine tablets will usually abort attacks. Restricted diet and ordered plenty of water drunk. Headache is considerably improved but attacks continue to appear every few days only not so severe. Within the past two weeks have been giving her "osteopathic" treatments to neck which has done her more good than anything else. I also gave her a tablet composed of salicylate of lithium, macrotin, phytolaccin and colchicine.

L. L. H., Wisconsin.

You probably have in this case a "uricacidemic headache." The laceration of cervix is of course to be considered but while this may prove a source of irritation the general conditions bespeak uric acid retention. The fact that gelsemium and cannabis relieve the pain might also lead to the supposition that this was a reflex pelvic pain, but this combination will relieve any congestive headache. We have found that where uricacidemia is present, ovarian, uterine and other reflex cephalalgias are fre-

It is essential in all cases of malarial fever to clean out and keep clean the whole intestinal tract; I prefer calomel.—Buck.

Applications of dried powdered alum cure every case of ingrowing nail within five days. Poultice a day first.

quent; with free elimination they cease. Of course age has something to do with the metabolic disturbance and you may safely consider the climacteric as having commenced. Here are our suggestions: lithium carbonate two-grain tablets (or one calcium carbonate comp. tablet) three times a day for a week, then potassium permanganate, gr. 1-4, four times a day for another week, with saline every morning throughout. Give, morning, noon and night, one pill of helenin, gr. 1-12, viburnin gr. 1-12, dioscorein, gr. 1-6, gelsemin, gr. 1-250; avenin, gr. 1-6; scutellarin, gr. 1-12; and, if the attack occurs, give small repeated doses of veratrine till the pulse is soft and apply to occiput, nape of neck and temporal region a cloth wrung out of hot solution made thus: aqua cinnamoni, dr. 2; magnesium sulph., oz. 1; aqua bullientis, O 1. The same over ovarian area. Relief will be prompt. A few nightly doses of the aloin, atropine and cascara comp. pill will also be desirable for the next few months; say twice a week, give one at bedtime. —Ed.

• QUERY 5032:—"Syphilitic Iritis?" I have a patient with syphilitic iritis. Eyes stick together at night, itchy through day and seems as though cold wind were blowing on them—also has ulcers of ears and throat. He is an aged man. What can I do for his eyes?

J. J. R., Missouri.

This does not quite sound like syphilitic iritis. There would be, in this disease, severe pain, photophobia and injection of vessels surrounding the cornea. But if the trouble be syphilitic, place this man promptly upon the antisymphilitic formula (mercury protoiodide, gr. 1-12; stiltingin, gr. 1-3; strychn. ars., gr. 1-67; iron ars., gr. 1-134; quinine ars., gr. 1-34; nuc-

lein gtt. 5) with calcium sulphide; for one week give one antisymphilitic granule four times daily and 1-6 grain of calcium sulphide every two hours while awake. The next week give calcium iodized one every three hours. Then return to first-named medication. If there is a true iritis use hot water compresses constantly for a day or two; to two ounces of hot water add one dram of sulphate of magnesium. Keep this solution as hot as is tolerable and continue to soak compresses in it and reapply to the eye every few minutes. If there is iritis drop into the eye three times a day two drops of the following solution: atropine sulphate, one grain, water four drams. You will find an excellent local application (to prevent the lids from becoming gummed together, etc.) to be carbenzol 1-2 dram, acid carbolic two drops, lanolin and vaselin, of each 1-2 ounce; mix thoroughly and apply with a spatula to the eyelids, morning and night. First cleanse thoroughly with boric acid solution, 10 grains to the ounce.—Ed.

QUERY 5033:—"Chloasma." What is the best preparation for liver spots?

E. A. P., Ohio.

We do not quite grasp your wishes. There is no particular preparation for removing "liver spots," chloasma being caused by varying conditions. However, when due to distinct hepatic derangement you will find the following treatment usually of service: Calomel and iridin one tablet, podophyllin one every hour from 7 to 10 p. m. every third night, a saline draught the next morning before breakfast and chionanthin three granules after each meal. On the days the night medication is not exhibited give calomel, leptandrin and iridin (gr.

The art of medicine has materially declined and fallen into neglect during the last half century.—Sir Dyce Duckworth.

Fresh violet leaves contain a glucoside, viola-quercitron, that may be extracted by alcohol.



1-6 each) before the two principal meals. Touch the affected part with lemon juice twice daily. If this is not successful, Doctor, make a careful examination of the patient, outline clinical conditions and we may be able to make more definite suggestions.—Ed.

QUERY 5034:—"Pityriasis Rubra." I enclose a photograph of a very bad case of dermatitis exfoliativa. It has been going on for six months and I have tried everything externally and internally. There is no specific taint nor any sugar in the urine. If you can make any suggestions they will be gladly received. The kidneys and bowels are active and appetite good.

J., Pennsylvania.

This is not a common disease in this country and, unfortunately, is not well understood. Crocker and Stelwagon both devote several pages to its consideration, the first-named writer looking upon the disease as allied to psoriasis. The two leading types are the large scale or "Wilson type" and the small or "Hebra variety." Either may be primary or secondary; the latter is however rare as a primary disease and is often fatal when it is. In the first variety, previously healthy subjects have suddenly developed hyperemia—localized usually, gradually spreading—with more or less malaise, some rise of temperature and a general feeling of debility. In some cases high fever has been noted. Rheumatism is often the *causa causans*. Sore throat may exist and the dermal symptoms may disappear, leaving a chronic laryngitis, this as suddenly leaving as a second attack of dermatitis develops. Psoriasis, eczema, or a general folliculitis may exist primarily. Glandular enlargement is not common and nutritional

disorders are almost always existant. In the second variety the hyperemia is moderate usually and the skin covered with powdery scales. The lower limbs may present a venous tint.

The scales are constantly renewed and shed. There is a gradual loss of strength and anemia is apt to become pronounced. Itching may or may not be a feature and in some cases the skin thickens and a slight moisture exudes. Ulceration over the prominences is not uncommon—in such cases the prognosis is very poor. Many cases are unquestionably tubercular; in fact, it is a question whether the severe forms of the disease are not tubercular in origin. In one series of twenty-seven cases eight died from phthisis.

The course of the disease varies. It may come on and cover the body within a week and last for months or years, ending as Crocker says only with life. It may destroy the patient within a year. The majority of cases occur between forty and sixty, but infants have been attacked. The disease is not parasitic but due to metabolic disorder. Psoriasis differs in presenting a silvery scale; the latter disease is never universal. Ichthyosis is closely allied but in pityriasis rubra we do not have the peculiar scaling and marking of the thickened skin.

Treatment must be local and constitutional. Perhaps the best thing is to wrap the patient in cloths soaked with calamine liniment, or carbenzol one part, albolene six to eight parts. Wash well first with a solution of magnesium sulphate—one ounce to the pint. A liniment of lead lactate or the glycerite of subacetate of lead are recommended. In

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Gerard reports benefit from pilocarpine hypodermic in beriberi, with edema and dysentery—all were benefited.—*Jour. Trop. Med.*

I might have been classed as a therapeutic nihilist until I began to dispense and study drug effects.—Clark, *Retail Druggist*.

one case the writer got the best results from goose-grease with eucalyptol—gtt. 10 to the ounce. Clean out the bowel, then give iridin, stillingin and rumicin in full doses between meals and the triple arsenates with nuclein after meals for one week, then one granule of arsenic sulphide for one week. Alternate thus for a month. Olive oil or other oils with papayotin are needed if weight is lost, and nutritious food easy of assimilation always called for. The patient must be kept to the house—even to bed at first. Diuretics are usually needed. Very small doses of pilocarpine will help. Look for the cause, Doctor—it's there somewhere.—Ed.

QUERY 5035:—"Cholelithiasis." "Colloidal Silver in Metritis." I have a case of gallstones; relieved the attacks of colic with hypodermics of morphine and atropine when really severe, then gave hyoscyamine and strychnine arsenate to sustain effect. Also gave calomel and podophyllin, olive oil, sodium phosphate and am now giving sodium succinate and bilein with strychnine arsenate, gr. 1-67. Patient is now easy, no history of any stones passing. Patient is weak; anorexia and indigestion are present; at times some pain in epigastrium. Have you anything to add to the treatment? What is the difference between sodium phosphate and the succinate?

Is unguentum Credé efficacious in metritis and perimetritis due to infection?

R. C. S., Missouri.

You will find sodium succinate and boldine the most efficacious remedies in this case. They should be given, however, for months in order to effect a cure. Sodium succinate is a distinct solvent of gallstones, derived from sodium and succinic acid. Sodium phosphate is made by digesting bone ash with

sulphuric acid; sodium carbonate is added to the filtrate and this is evaporated. The action of the two is entirely dissimilar.

Unguentum Credé is useful in all cases of infection and pus formation, it being a strong systemic antiseptic and bactericide. In supposedly "infected cases" of gallstones do not forget the internal administration of calcium sulphide.—Ed.

QUERY 5036:—"The Proper Use of Aconitine." I beg to ask you to help me out of trouble. On several occasions I have had an opportunity to try aconitine, where the temperature ran above 102° F., and I have used it according to the aconitine rule, but without any reduction of the temperature. What is the matter with my use of this drug that I do not get results? I have tried it in measles, tonsillitis and in typhoid fever without any results at all. If the results can be had that I see reported in the CLINICAL MEDICINE, I want them. So far I have not been able to get them.

M. U. S., Pennsylvania.

The mere exhibition of aconitine is not sufficient in septic conditions of the system or where there is profound invasion; the first step necessary being to clean out the bowels, preventing further absorption of toxic material and then to stimulate glandular activity. For instance, in measles, tonsillitis and typhoid fever the very first procedure is to give small doses of calomel and podophyllin (or other similar eliminants) followed with a saline to flush the digestive tract and stimulate diuresis, and to exhibit at three-hour intervals, subsequent to moving the bowels, the sulphocarbolates, thus rendering the digestive tract as nearly aseptic as is possible.

Every firm has some specialties which no other house seems able to more than imitate, though they try to produce the same.—Clark.

I had to give five times the dose of hyoscyamine granules made by an old established house as of those made by another firm.—Clark.

If, from the first, we have exhibited aconitine or other indicated antipyretic the fever will promptly fall. There is no "aconitine rule" for the enlightened and experienced physician; such rules being formulated and expounded for the novice chiefly. The thing is to give the smallest effective dose at repeated intervals until you *do* get either physiological or remedial action. The writer does not hesitate to give a granule of aconitine to a year-old child, repeating the dose or half that quantity in half an hour and again in half an hour, then giving smaller doses at hour intervals until temperature falls. Adults may take the granule half-hourly, or hourly, until there is marked tingling of the fauces or reduction of temperature, but to exhibit aconitine while the bowel contains fermentative and toxic material is useless. Nose, mouth and throat should also be washed out with an alkaline antiseptic and the skin sponged with warm salt solution. You will find in the May issue of *CLINICAL MEDICINE* an article by Dr. Candler upon the treatment of scarlet fever. The next article (in this number) outlines the treatment of measles, whooping cough and mumps. You should read these articles, Doctor, and paste them in a scrap book for future reference.—Ed.

QUERY 5037:—"Dosage of Cicutine in Vesical Spasm." I wish to ask you a few questions in regard to the dosage of certain of the alkaloids. How much cicutine hydrobromide would it be safe to give hypodermatically at one time to a stout adult in a case of spasm of the bladder and prostatic involvement when used alone? The spasm comes on so rapidly that there is no time to wait for

frequent small doses, but sufficient must be given at once of something and so far we have used only morphine (from 3-8 to 1-2 grain hypodermatically) and specific gelsemium twenty to twenty-five drops (per os), but do not like to use too much morphine and would like to substitute something else if possible. We have of course looked to the urine and kept it of proper reaction.

H. K., Missouri.

Cicutine hydrobromide, gr. 1-67, has, when given hypodermatically, caused some unpleasant symptoms, such as vertigo and "weakness of legs;" the same patient took double that amount another time without any trouble. Perhaps gr. 1-67 would be the safest dose to use first. If there is no appreciable result, repeat. This drug is always equally active but affects patients differently. Renal secretions are increased by it. Cicutine hydrobromide alone should be used hypodermatically. Cicutine proper is a liquid. One drop on the tongue has produced serious symptoms. The hydrobromide is the one preparation of *Conium maculatum* with which definite results are obtained. Gr. 2-67 to 3-67 has been thrown into cancerous tissue without injury and the writer has given the first-named amount two or three times with only good results. May we suggest that you try here full doses of cypripedin, scutellarin and hyoscyamine—say three each of the former and one of the latter three times daily?

Now, as to the prostatic trouble: Are you familiar with the immense benefits which follow the use of the adrenalin chloride in suppository or glycerol-aqueous solution? This together with iodoform or ichthyol and papain will bring about speedy and marked shrink-

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How we ever get results from drugs from such uncertain sources can only be because the Lord is good to the Irish.—Clark.

The Lord pity the pneumonia patient who falls into the hands of a doctor who does not believe in treatment.—Clark, *Retail Drug*.

age. Have you tried conium suppositories—ED.

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 QUERY 5038:—"The Physiological Action of Nuclein." I have been using nuclein solution for thirty days, daily dose ten minims (counting fifteen drops as ten minims) in a case of pulmonary tuberculosis. I believe I am getting some results from its use and will continue it for some time, but I would like to know what to look for if I should give too large a dose. What are the physiological effects of a large or continued large dosage? Now any fool can ask questions, but I will find this out if I have to give the whole bottle!

R. M. T., Arizona.

You will, perhaps, find a little drumming in the ears and flushing of the face with a feeling of fulness in the neck should you give an "overdose" of nuclein. This is very unlikely, however, Doctor, as the system refuses to absorb more nuclein than it can utilize. Of course in some deranged conditions the action of nuclein is quite evident, but this is unusual in acute infectious diseases with marked temperature. You will find this mentioned in the literature. You must bear in mind that the physiological action of nuclein is well understood, but the amount required to cause distinct symptoms of overdosage cannot be stated. It is the amount absorbed which acts and the system under varying conditions absorbs various amounts of nuclein. It is not like a toxic drug. We have given personally, a dram of nuclein solution without noting anything except a slight increase in pulse rate and almost imperceptible rise of temperature. On the other hand ten minims, given every three hours, has produced distinct flushing of the face and some increase

of temperature, and patient in the meantime complaining of a sense of fulness in the carotids. There is no necessity, Doctor, for giving more than ten minims of nuclein solution two or three times daily. In the more desperate conditions where it is essential to increase phagocytic action markedly this quantity will do the work, but it is best then to give it hypodermically.—ED.

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 QUERY 5039:—"An Unusual Case; Diagnosis Required." Mrs. B., age 47, mother of five boys and one girl, all living and well. Family history: Father died of heart disease at the age of 61; mother living and well, age 70; five brothers all in good health; three sisters—one living and two dead; one died from complication following la grippe, the other died from some trouble not definitely known, connected with menopause.

The patient has always been in pretty good health up to last July, with the exception of attacks that were called by attending physician malaria on one or two occasions. In July, 1905, she was taken with fainting spells, chilliness, followed by clammy sweating. In August she was taken with some pains closely resembling labor pains. The uterus was considerably enlarged but she had menses every two weeks for two or three months previous to this time. A doctor was called in and pronounced her in labor. Water broke and about six pints came away, but nothing else. Another doctor was called in consultation at this time and found great enlargement of womb and right ovary, but nothing to indicate an abortion or premature birth. He ordered hot douches and some other treatment which reduced the uterus to its normal size. After using the douches for some time pieces of shell-like substance would come away. There were several of these about the size of a fingernail.

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 The therapeutic agnostics in the profession today are every one prescription writers.—Clark, *Reg. Med. Visitor*.

Dispensing my drugs I only had 7 1-2 per cent of business last year to be collected at its end.—Clark, *Retail Druggist*.

Since then she has had almost every day a cold feeling—not like a chill—followed by a clammy sweat with sharp cutting pains in different parts of the body. At the seat of pain there appear under the skin small, dark particles like the sample enclosed. These can be rubbed out and have a sharp feeling to them. I have rubbed several of them out myself, so know it is no fake. One or two in enclosed sample you will see are quite black and free, others are reddish and rolled up with epidermal cells. If you look carefully you can find a scale in each separate piece. From three or four to thirty or forty will come out of one place, leaving the spot sore for a day or so. Heart, lungs, digestive system, urinary system all in good condition. Do these black scales come from the uterus or are they formed by breaking down of the blood or what are they? This is a new experience for me as, so far as I remember, I have never heard nor read of such a case before. Can you or any of your readers give me any light on the subject? Menses are now regular—every four weeks.

By way of treatment, I have cleaned out, given calx iodata as an alterative, strychnine sulphate and syr. hypophosphites as a tonic.

A. F. W., New York.

We would ask our readers to carefully consider the symptoms present here and venture a diagnosis. If similar conditions have been observed we trust a full report of the case, with its termination, will be furnished. Later we will give our own views as to the nature of the disease.—ED.

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 QUERY 5040:—"The Eclectic and Alkaloids." "The Question of Dosage." Are these the so-called "eclectic alkaloids?" I want to ask you especially in regard to hyoscyamine. I notice that the granule used has a very small dosage, 1-250 grain. I am accustomed to

give much larger doses of this drug.  
 E. L. D., Indiana.

An alkaloid is an *alkaloid*, Doctor, and can hardly be termed "eclectic." The eclectics are prone to use single remedies in the form of specific tinctures, believing this to be the most efficacious form of medication. Of late many are dropping fluids, however, and using in their place the alkaloids, glucosides, resinoids and other active principles. If any tincture or fluid extract has therapeutic activity it must be due to the amount of active principle it contains and as several plants contain from two to fourteen different active principles some of which are synergistic, others antagonistic, it is quite apparent that the results we may obtain from the exhibition of a given sample of any fluid preparation are problematical—depending entirely upon the predominating active principle. If we want to get *positive* results let us give the small dose of the active principle itself! Then if we treat pathologic conditions instead of "named diseases" we are really accomplishing something definite.

Hyoscyamine *can* be used in large doses but, if you can get equally good results from small doses, why give the larger, and, Doctor, "A" may respond to gr. 1-250 while it may require three such doses to affect "B" and "C." If, however, you based your idea of dosage on experience gained with "B" and "C" and gave "A" the larger quantity of the drug, you would be likely to have unpleasant symptoms. There can be no set maximum dose, susceptibility of the individual varying so widely. Therefore the "small dose repeated at intervals to effect" is the only rational method of medication.—ED.

J. T. Johnson predicts a bright future for pelvic massage in the yet unconquered field of uterine displacements.—*Va. Med. Semi-Mo.*

O. M. Rhodes treated successfully camphor poisoning with glonoin and strychnine, emptying the stomach.—*Ill. Med. Jour.*



## JUST AN INVITATION.

This department belongs exclusively to *The Doctor's Wife*—also “his sisters, his cousins and his aunts,” and sweet-hearts, too. This month the editor makes his bow—and retires as gracefully as he can. Hereafter no “mere man” shall appear in this department except by the consent of the Sisters. The Department is theirs to write and theirs to edit. Send in your contributions, your favorite clippings, your choicest verse. Let every doctor's wife speak for herself—as she is bound to do anyhow! Tell us how to help the doctor, how to make his home more happy, his work more successful. Every one of you will want to know how the other does it.

So, dear Sisters, we turn the Department over to you. Its success or its failure will depend upon the interest *you* take in it.

## THE DOCTOR'S WIFE—AN APPRECIATION.

When after many transmigrations the dross has been burned away and the gold of a human soul can be purified no further, the good Lord puts the finishing touches on by sending that soul to earth once more as a Doctor's Wife. She is then ready to take her place as a fully-equipped angel among the heavenly choir. Meanwhile the fortunate husband is allowed a realizing taste of the coming joys of his future home.

There is nothing too good to be said of the doctor's wife, for the best we may

say is far behind her true worth. Not one of us but would long since have fallen into our graves had it not been for her constant watchfulness over us. The bright moments that have illumed our paths, the rare glimpses we have been permitted of the pleasures of life, have all come with her—in fact they *are* her. The comforts of our homes, the satisfactory upbringing of our children, the economy and business thrift that keep us even with the world, the haven of rest to which our eyes, hearts and weary feet turn instinctively with relief when, work done, we face toward *home*, all begin and end with *her*.

That all? Scarcely a beginning. How many of us depend on the wife to read the journals and keep us posted? How many of those quick scintillations of wit, those brilliant intuitions of diagnosis and applications of treatment come to us from the wife?

A big Irishman, being initiated into a secret society, was asked in whom he put his trust in time of need? Of course he was expected to piously respond—in *God*; but the truthful man instantly replied—in the old woman! A wild yell of appreciation followed, and the long-continued applause nearly broke up the proceedings.

Good man! Not a man there but felt he had spoken truth.

But, Doctor, you must not be selfish. Many a time there are thoughts burning at her lips for utterance, and no appreciative listeners. She wants a chance to improve and develop her ideas by communion with her sisters. Sorority

is far better developed than fraternity, and women more readily contribute their knowledge to the common fund of the sisterhood. We doff our hats and respectfully ask that we may be honored by permission to convey to the sisters the messages each of their number may wish to communicate. Cast thy bread upon the waters, ["and expect pie in return," says, at this point, our lady proofreader—who is something more than a "mere" woman, and having long since cut her wisdom teeth, knows something about doctors and other "mere" men.—Ed.] Who knows where the seed may be carried, in what grateful heart it may germinate and bear rich fruit?

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### BE STRONG!

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Be strong!  
We are not here to play,—to dream, to drift.  
We have hard work to do and loads to lift.  
Shun not the struggle—face it: 'tis God's gift.

Be strong!  
Say not the days are evil. Who's to blame?  
And fold the hands and acquiesce—O shame!  
Stand up, speak out, and bravely, in God's name.

Be strong!  
It matters not how deep intrenched the wrong,  
How hard the battle goes, the day how long;  
Faint not—fight on! Tomorrow comes the song.

—*Malbie D. Babcock, D. D.*

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### LET US SMILE.

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The thing that goes the farthest towards making life worth while,  
That costs the least and does the most, is just a pleasant smile,  
The smile that bubbles from a heart that loves its fellow-men  
Will drive away the cloud of gloom and coax the sun again,  
It's full of worth and goodness, too, with manly kindness blent—  
It's worth a million dollars, and doesn't cost a cent.

In amaurotic family idiocy I think the theory of lecithin paucity is worth serious consideration.—*Cotton, Ill. Med. Jour.*

There is no room for sadness when we see a cheery smile;  
It always has the same good look—it's never out of style—  
It nerves us on to try again when failure makes us blue;  
The dimples of encouragement are good for me and you.  
It pays a higher interest for it is merely lent—  
It's worth a million dollars, and doesn't cost a cent.

A smile comes very easy—you can wrinkle up with cheer  
A hundred times before you can squeeze out a soggy tear.  
It ripples out, moreover, to the heartstrings that will tug,  
And always leaves an echo that is very like a hug.  
So, smile away. Folks understand what by a smile is meant,  
It's worth a million dollars, and doesn't cost a cent.

—*Baltimore American.*

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### I AM YOUR WIFE.

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Oh, let me lay my head tonight upon your breast,  
And close my eyes against the light, I fain would rest,  
I'm weary and the world looks sad; this worldly strife  
Turns me to you; and, oh, I'm glad to be your wife!  
Though friends may fail or turn aside, yet I have you  
And in your love I may abide, for you are true—  
My only solace in each grief and in despair,  
Your tenderness is my relief; it soothes each care.  
If joys of life could alienate this poor weak heart  
From yours, then may no pleasure great enough to part  
Our sympathies fall to my lot. I'd e'er remain  
Bereft of friends, though true or not, just to retain  
Your true regard, your presence bright, through care and strife,  
And, oh! I thank my God tonight, I am your wife!

—*Selected.*

An explosion of drugs at Michael Reese Hospital set fire to the building. They were not alkaloidal granules.

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